

# 2015 SGP Resource Guide

## *For Brokers*



**We do dental. *Better.***

Delta Dental of New Mexico and its affiliates in Arkansas, Indiana, Kentucky, Michigan, North Carolina, Ohio, and Tennessee collectively are among the largest dental plan administrators in the nation. In 2013, the enterprise paid out more than \$3 billion for dental care for 12.1 million enrollees.

Delta Dental of New Mexico  
2500 Louisiana Blvd. NE, Suite 600, Albuquerque, NM 87110  
800-999-0963 • 505-883-4777  
[www.deltadentalnm.com](http://www.deltadentalnm.com)





Dear Broker:

Thank you for your interest in Delta Dental. Whether you are a broker new to Delta Dental of New Mexico, or a broker familiar with our products, we hope this Resource Guide will help you efficiently and effectively access the information you need to assist your dental plan clients.

Delta Dental also publishes a Group Plan Administration Guide. It is provided for Plan Administrators but includes information that may be helpful for brokers with Delta Dental group plans. Please access it along with this Resource Guide and consider it a “companion” document for your own use. Since most New Mexico employers have fewer than 100 employees, much of the information in these Guides is specific to our Small Group Pool (SGP). Please call on us any time you need a proposal for, or information about, larger groups. While many of the administrative processes are the same, group plans and billing procedures for larger employers and/or self-funded clients can be a little different.

SGP products are available to employers with as few as three employees. There are dozens of benefit variables that give brokers maximum flexibility to meet client budget and benefit needs. For SGP group size guidelines and underwriting requirements, refer to the SGP Underwriting Guidelines.

Standard plan designs include those which feature a single “in-network” choice and also those which pair our networks (Delta Dental Premier<sup>®</sup> and Delta Dental PPO<sup>SM</sup>) together in Point of Service plans that offer two in-network choices. Delta Dental Point of Service plans are unique in their ability to provide broad access paired with deductibles and maximum incentives that help enrollees recognize where to find the most affordable care.

In the Broker section of [www.deltadentalnm.com](http://www.deltadentalnm.com), brokers have 24/7 access to an interactive SGP product rating application called Producer Toolkit. An alternative to using the “generic” new business rate pages included in this Guide, this user-friendly Toolkit enables brokers to quickly prepare accurate, client-specific proposal pages for new business quotes. In the same section of the website, brokers with in-force Delta Dental groups have access to the coverage documents applicable to each of their clients.

Delta Dental of New Mexico contact information is included on the next page in this Guide. Please let us know how we can help you. We appreciate the confidence you show in us when you consider Delta Dental for your clients’ dental plan benefits.

Sincerely,

Sales Department





**DELTA DENTAL OF NEW MEXICO  
CONTACT INFORMATION FOR BROKERS**

Name and Position	Local Number (Albuquerque)	Toll-Free	E-Mail Address
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**SALES AND ACCOUNT MANAGEMENT SERVICES**

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<b>Bryan Schroeder</b> , Corporate Communications Coordinator	(505) 872-5329	1-800-999-0963, ext. 25329	bschroeder@deltadentalnm.com

<b>Finance Department</b> Questions related to Billing statements	1-800-838-8863 (6:00 AM to 4:30 PM)		billing@deltadentalnm.com
<b>Group Administration</b> (Eligibility, Enrollment and other broker/group general service)	(505) 998-7555	1-877-998-7555	groupadmin@deltadentalnm.com

**OPERATIONS / CLAIMS**

<b>Customer Service</b> Member or Group-Specific Claim inquiries	(505) 855-7111	1-877-395-9420	customerservice@deltadentalnm.com
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<b>Cynthia Lucero-Ali</b> , Manager, Operations (Claims)	(505) 855-7108	1-800-999-0963, ext. 57108	clucero@deltadentalnm.com
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**OTHER CONTACT INFORMATION**

<b>Website / E-Mail Address</b>	www.deltadentalnm.com	sales@deltadentalnm.com (quotes on 50+ groups)
<b>Phone/Fax: M – F, 8:00 AM – 4:30 PM</b>	Phones: (505) 883-4777 or 800-999-0963 if calling from outside Albuquerque	Fax line: (505) 883-7444
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# DELTA DENTAL OF NEW MEXICO 2015 SGP RESOURCE GUIDE FOR BROKERS

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**Delta Dental of New Mexico “Report Card”  
January 1, 2014 through December 31, 2014 \***

**Customer Service Department**

- Speed of answering calls: 94% within 45 seconds

**Claims Processing**

- Average claims turn-around time: 1.0 calendar days
- Financial accuracy of paid claims: 100%
- Procedural accuracy of paid claims: 99.4%

**Provider Networks – Points of Access**

Delta Dental Premier®  
2,148  
Delta Dental PPO  
1,841

Delta Dental is a network of 39 independent, not-for-profit dental plans conducting business in all 50 states, the District of Columbia, and Puerto Rico – collectively the largest provider of dental benefits in the country. These plans are all members of the Delta Dental Plans Association (DDPA), whose mission is to help improve the overall oral health of the nation by making dental care more available and affordable.

The Association exists to help member plans enhance their ability to provide dental benefits programs to customers and subscribers. Among its many functions, DDPA establishes and enforces performance standards. In all categories, Delta Dental of New Mexico exceeded both DDPA performance standards and the even more stringent standard of excellence targets set by its own leadership team.

\*Measurements in the report are derived from quality assurance audits.



## DELTA DENTAL: COMPANY AND PROVIDER NETWORK DISTINCTIONS

### About Delta Dental

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Delta Dental is a network of 39 independent member companies conducting business in all 50 states, the District of Columbia, and Puerto Rico – collectively the oldest (1954), largest, and most experienced provider of dental benefits in the country.

Nationally, Delta Dental member companies process over 90 million dental claims (over 1.7 million every week) with an accuracy rate exceeding 99%. These member companies insure or administer dental plans for over 62 million people.

### About Delta Dental of New Mexico

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Delta Dental of New Mexico is a 501(c)(4) not-for-profit New Mexico corporation that has been a provider of dental benefit plans since 1973. In 2008, Delta Dental of New Mexico invested (ownership interest) in Renaissance Health Services Corporation along with seven other Delta Dental member companies who affiliated to provide the lowest possible administration costs, most state-of-the-art claims system, and operational, technology, and dental science resources that would otherwise not be possible.

Delta Dental of New Mexico and its corporate affiliates in Arkansas, Indiana, Kentucky, Michigan, North Carolina, Ohio, and Tennessee collectively are among the largest dental plan administrators in the nation. In 2013, the enterprise paid out more than \$3 billion for dental care for more than 12.1 million enrollees.

New Mexico employer groups are serviced by an experienced staff in Albuquerque, where sales, account management, and customer service personnel are located, with the support of the unparalleled operational resources of Renaissance Health Services Corporation.

Delta Dental of New Mexico is also a member of the Delta Dental Plans Association, which provides access to the country's largest repository of dental care data and national provider networks. This combination of local account management and national expertise is unique to Delta Dental.

Delta Dental offers employers a wide variety of quality, cost-effective benefit plans and services. Because we specialize in dental benefits and dental benefit administration, we also provide unparalleled expertise and value.

### Commitment to New Mexico Communities

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Delta Dental stands alone in its demonstrated commitment to the state and its communities through the charitable contributions made to New Mexico organizations and initiatives that improve oral health. The Delta Dental of New Mexico Community Benefit Fund makes charitable contributions in New Mexico which exceed \$115,000 per year. As a New Mexico corporation with a fundamental belief in “giving back,” Delta Dental is making a difference for New Mexico employers, and their employees, in ways that go beyond local delivery of quality products and services.

## Financial Stability

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Delta Dental posted approximately \$18.6 billion in premium revenue during fiscal year 2013 – the system’s 34th consecutive year of financial growth. Delta Dental of New Mexico has been given an AM Best Credit Rating of A-.

## Delta Dental Provider Networks

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### National Networks

- Delta Dental Premier<sup>®</sup>: With more than 315,000 dentist locations, Delta Dental Premier is the largest and most comprehensive dental network in the country, with providers in every state. In New Mexico, just over 90% of practicing dentists participate in Delta Dental Premier.
- Delta Dental PPO<sup>SM</sup>: This second national provider network is somewhat smaller (234,000 dentist locations) than Delta Dental Premier and offers Delta Dental’s most significant premium and cost savings. This network also has dentists in every state.

For more information about the unique Delta Dental provider network structure, refer to the Product Guide included in this Resource Guide.

## Cost Savings for Groups and Members

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Network savings help reduce claims costs which, in turn, help keep premiums as affordable as possible. Out-of-pocket costs at the time services are rendered are also reduced through negotiated fee maximums and the elimination of the balance billing that might otherwise apply.

In addition to fee savings, Delta Dental claims are processed using hundreds of proprietary processing policies, many of which are supported by contractual agreements that prohibit participating dentists from charging Delta Dental, a self-funded Plan, or the patient for charges which are disallowed by Delta Dental.

Delta Dental’s unique cost-control measures and contractual agreements with dentists help to ensure quality of care at moderate fees, saving groups \$11.4 billion nationally in 2013.

Specific to New Mexico, processing policies, provider agreements, and claims administration expertise have produced global savings of \$30.3 million.

## Dedication to Delivering Superior Member and Customer Service

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Through the association with Delta Dental Plans Association, Delta Dental member companies have elected to establish and maintain customer service standards that have become the industry’s benchmarks. Please refer to the Report Card included in this Guide for telephone response times and other customer service performance standard data for Delta Dental of New Mexico.

## Quality Controls

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In addition to the system audits which report and document the results shown in the Report Card, Delta Dental of New Mexico initiates an outside, independent annual audit to monitor and ensure the highest levels of quality control and financial integrity.

## DELTA DENTAL OF NEW MEXICO

### SMALL GROUP POOL (SGP) PRODUCT GUIDE

#### Small Group Pool (SGP) Products

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##### Group Size

Delta Dental offers employer groups with as few as three enrolled employees a menu of fully insured dental plans with varying levels of benefits and distinct provider network choices. The rating formulas and administrative efficiencies available in the Small Group Pool help stabilize future premium adjustments, control plan costs associated with administration, and enhance affordability.

SGP plans are available to groups with fewer than 100 eligible employees when the employer is contributing 50% or more toward the cost of employee-only coverage. Voluntary plans, which do not require employer contribution, are available to groups with 10 to 200 eligible employees.

##### All Delta Dental SGP plans offer these important features:

- Diagnostic and Preventive Care Services available at 100% coverage, with no deductible.
- Preventive Care Security available as an option on any plan.
- Evidence Based Dental: People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her dentist about treatment.
- Plan designs which allow enrollees the freedom to choose any dentist, anywhere, while offering lower out-of-pocket costs when they select a Delta Dental dentist participating in the network selected by the employer.
- The Plus Premier feature automatically applies when a network other than Delta Dental Premier is selected (see description in this section).
- Maximum Approved Fees (which vary by network) help to keep premiums and dental care services affordable.
- Delta Dental participating dentists agree to important member protections, such as provider credentialing, quality assurance, and claims processing policies.

Whether an employer has had a dental plan for many years or is selecting one for the first time, Delta Dental of New Mexico can offer an SGP plan to fit the employer's budget and dental benefit needs.

##### Plan Designs

The ability to "mix and match" benefits and provider networks is unique to Delta Dental because of the flexibility possible with multiple provider networks. For even the smallest eligible employer group, there are multiple Small Group Pool plan design combinations available.

Plan choices feature a single Delta Dental provider network or, in Point of Service Plans, two Delta Dental national networks. Plans are available for employers contributing toward the cost of coverage or for employers who do not contribute to the cost of dental benefits (Voluntary plans).

Depending on the group's size, budget, and benefit goals, individual employers may elect coverage options such as Preventive Care Security, enhanced plan maximums, or orthodontic benefits.

Voluntary plans require a Benefit Waiting Period before some types of major services. Refer to the SGP Underwriting Guide for more information about the Benefit Waiting Period for Voluntary groups. For employees enrolled under the employer's prior dental plan, a waiver of the waiting period may apply.

### **Enhanced Oral Health Benefits with Preventive Care Security (PCS)**

As an option, all dental plan designs may include a unique oral health benefit enhancement called Preventive Care Security (PCS). When included, the benefits paid for Diagnostic and Preventive care services never reduce the Annual Plan Maximum.

This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

### **Multi-State Employers**

National networks help enable employees in all locations (working or traveling) to access Delta Dental providers, with consistent quality assurance and cost management features. Benefit payments are based on the Maximum Approved Fees applicable in each dentist's location, creating savings and satisfaction for employees in all areas.

### **The Plus Premier Feature**

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With all Delta Dental plans, subscribers have benefits for covered services with any dentist, anywhere. While the lowest out-of-pocket costs always apply when subscribers use the network applicable to the employer's group plan, the size and scope of the Delta Dental Premier Network adds value *even when the employer has selected a plan which features another Delta Dental provider network*. Here's how:

Subscribers enrolled in plans featuring Delta Dental PPO can help control the additional costs associated with receiving services from a non-network dentist by selecting a Delta Dental Premier dentist *instead of a dentist who does not participate in any of the Delta Dental networks*. Known as the Plus Premier feature, Delta Dental Premier Maximum Approved Fees limit the amount that can be balance-billed to a patient. As an example, a Delta Dental PPO member who chooses a Delta Dental Premier dentist will pay the difference between the Maximum Approved Fees allowed under Delta Dental PPO and Delta Dental Premier, but no amount over the Delta Dental Premier Maximum Approved Fee can be balance-billed to the subscriber.

In addition, any Delta Dental Premier dentist will bill Delta Dental first, avoiding the need for the Delta Dental member to pay first and wait for reimbursement. Delta Dental Premier dentists are subject to processing policies, utilization reviews, in-office fee audits, peer review, and other member protections required under their contracts with Delta Dental.

These benefits together provide members with maximum savings in the Delta Dental PPO network while reducing potential out-of-pocket costs and claim submission hassles if a member receives services from an out-of-network dentist who participates with Delta Dental Premier.

Please let us know if we can tell you more about our unique network choices or more fully explain how Delta Dental provider networks work together to provide the greatest value to enrolled members.

## DELTA DENTAL PROVIDER NETWORK INFORMATION

### Participating Dentist Agreements

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The Delta Dental provider network which is considered “in-network” for a group dental plan is indicated on the group’s Summary of Dental Plan Benefits. Out-of-pocket costs can be much higher if services are received from non-participating dentists, so it is important for members to receive services from in-network dentists whenever possible.

- A Delta Dental dentist will not bill a member for any amount over the Maximum Approved Fee applicable to the service provided. Members are protected from unexpected “balance bill” charges.
- Participating dentists have agreed to bill Delta Dental, avoiding the need for members to pay first and wait for reimbursement. For covered services, members are initially responsible only for co-payments and deductibles, if any.
- Members have direct access to Delta Dental dentists. Availability and appointment scheduling is always independently determined by each individual dentist, not by Delta Dental.
- Pre-selection of a dentist is never required. Each member of the family may use a different dentist.

### How Benefit Payment is Based on the Dentist Selected

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Delta Dental has two national provider networks. A patient’s share of the cost for any covered service depends on whether the dentist participates in the provider network(s) indicated on the group’s Summary of Dental Plan Benefits. Delta Dental plans may feature either one single network or two (in a Point of Service plan featuring both Delta Dental PPO and Delta Dental Premier) as in-network options.

- Delta Dental Premier<sup>®</sup> is a national provider network, with dentists in every state. This network is designed to provide the broadest selection of dentists, and approximately three out of every four dentists in the country participate.
- Delta Dental PPO<sup>SM</sup> is a second, smaller national network which is designed to offer access to more deeply discounted dental care services, providing additional cost savings.

#### **In-Network Services**

If a dentist participates in the provider network indicated on the group’s Summary of Dental Plan Benefits, all services received from that dentist are considered in-network. If the plan is a Point of Service plan, both Delta Dental PPO and Delta Dental Premier are considered in-network.

#### **Out-of-Network Services (Received from a Delta Premier Dentist)**

In a Delta Dental PPO single network plan, services received from a Delta Dental Premier dentist are considered out-of-network.

Although benefit levels may be reduced out-of-network, and patient costs may be higher, using a Delta Dental Premier dentist (rather than a dentist who does not participate with Delta Dental) has important advantages.

- Subscribers are responsible for payment of the charges over and above the Delta Dental PPO Maximum Approved Fees. However, when the out-of-network services are received from a Delta Dental Premier dentist, the dentist may balance bill patients only up to Delta Dental Premier Maximum Approved Fees. Because members may not be balance billed up to the full submitted fee (if higher), additional patient out-of-pocket costs may be less than would be applicable with a dentist who does not participate with Delta Dental.
- These dentists are also subject to all the agreements/patient protections in their provider agreements with Delta Dental. This includes all processing policies which do not permit a participating dentist from charging a patient for a charge which is disallowed (not benefited by Delta Dental nor collectable from the patient by a participating dentist).
- Because of their provider agreements with Delta Dental, these dentists will only charge patients for the amount of out-of-pocket costs which are estimated at the time services are received. They do not require patients to pay the full amount of services up front.

#### **Out-of-Network Services (Received from a Non-Participating Dentist)**

Non-participating dentists are dentists who do not participate in any Delta Dental network. Benefits apply when covered services are received from a non-participating dentist, however:

- Claims payments for services received from these dentists will be subject to lower Maximum Approved Fees than those applicable to participating dentists.
- Non-participating dentists may bill their patients up to the full amount of their submitted charges, because these dentists are not subject to agreements which eliminate/limit the amount of balance billing that can be charged to the patient.
- Non-participating dentists are also not subject to patient protections which prevent dentists from charging a patient for a service which is disallowed by Delta Dental. Additionally, other member protections, such as guarantees on restorative services, do not apply to dentists who do not participate with Delta Dental.
- Subscribers who use non-participating providers may be responsible for payment at the time services are received for the full amount. Payments made by Delta Dental for services received from a non-participating provider may be paid to the provider or directly to the enrolled member, depending on the state in which the services were received and whether there was a valid Assignment of Benefits.

#### **Locating an In-Network/Participating Provider**

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Network-specific provider directories and search tools are available at [www.deltadentalnm.com](http://www.deltadentalnm.com). The New Mexico Delta Dental PPO directory shows both Delta Dental PPO and Delta Dental Premier Providers to help members distinguish between the two networks and better understand the participation status of their own dentists.



## DELTA DENTAL OF NEW MEXICO

### AGE 26 (AND ASSOCIATED ENHANCED DEPENDENT ELIGIBILITY) OPTION

#### Introduction

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The Patient Protection and Affordable Care Act (PPACA) enacted in 2010 requires all plans or issuers that make “Essential Benefit” coverage available to children make such coverage available for children up to the age of 26. Dental plans **are not subject to** this age-26 requirement as they do not fall under the PPACA definition of “Essential Benefits.”

The standard definition of dependent eligibility reflected in Delta Dental coverage materials is:

*Unmarried children from birth through the end of the month of their 25th birthday who are primarily dependent on the enrolled employee for support.<sup>1</sup>*

Delta Dental will, however, permit any group to elect an enhanced eligibility definition, as follows:

*Children from birth through the end of the month of their 26th birthday, regardless of employment, marital, or student status.<sup>1</sup>*

There is no premium increase applicable to the expanded definition of eligibility and this may be a good option for employers who desire dental plan eligibility consistent with the guidelines required under their medical plans. Because this expanded dental plan definition is not mandated by law, there is the potential for some tax or other implications and some employers may wish to keep the standard eligibility definition.<sup>2</sup> Accordingly, a change in the way dental plan eligibility for children is defined will only be made if requested by the Group.

#### Electing the “Age 26” Option

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Existing groups desiring the expanded definition of eligibility authorize the change using an online authorization form in the Groups section of [www.deltadentalnm.com](http://www.deltadentalnm.com) under the Group Plan Administrators link. If desired, the Plan Administrator may print a copy of the form before clicking the “I Agree” button in the document. Once elected, notification is automatically sent to Delta Dental for processing. Once approved, the Plan Administrator will receive a confirmation email.

To be considered, the authorization form needs to be submitted 15 days prior to the group’s renewal date.

Groups new to Delta Dental may elect the enhanced eligibility definition by electing it on the group application.

- <sup>1</sup> Please note that additional dependent eligibility provisions may apply if unmarried children over age 25 (or 26, if applicable) cannot support themselves because of mental or physical impairment that began before age 25/26).
- <sup>2</sup> Delta Dental cannot provide legal or tax advice relative to the “Age 26” option. Those types of questions should be referred to the appropriate professional consultants.



## DENTAL CARE TREATMENT CATEGORIES

### Diagnostic and Preventive Services

- Oral Evaluations – twice in a calendar year
- Routine or Periodontal Cleanings – twice in a calendar year
- Radiographic images – full mouth series once every 5 years/bitewing images, twice in a calendar year
- Topical Fluoride Application – for people up to age 19, twice in a calendar year
- Emergency Treatment – for relief of pain
- Sealants – through age 15, permanent molars only, 2 year limitation
- Space Maintainers – for people up to age 14

### Restorative Services

- Amalgam fillings – anterior and posterior teeth
- Composite resin fillings – anterior and posterior teeth
- Stainless steel crowns

### Basic Services

- Extractions – non-surgical
- Oral Surgery – maxillofacial surgical procedures of the oral cavity, including surgical extractions
- Endodontics – pulp therapy and root canal filling
- Periodontics – non-surgical and surgical
- General Anesthesia – intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure

### Major Services

- Crowns and Cast Restorations, including repairs – when teeth cannot be restored with amalgam or composite resin restorations
- Prosthodontics – procedures for construction or repair of fixed bridges, partials, or complete dentures
- Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval
- TMD Treatment – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging (pre-treatment estimate required)

### Orthodontic Services (child only or adult/child options available)

- Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure

Group dental plans are not always the same when it comes to the types of coverage included in a broad category of care. This description of the types of services which are standardly included by Delta Dental in each category is intended to enable more accurate comparisons and provide additional detail about the coverage level applicable to a particular type of treatment. Please refer to the rate sheet(s) for the plan being considered to determine the co-insurance levels which apply to each category of care under that plan. Please also note that different or additional types of treatment may be included in a category of care when the group size permits custom plan design and rating.

Summaries of Dental Plan Benefits, which are intended only to highlight coverage levels, do not imply that insurance is in force, do not reflect limitations or plan provisions, and do not provide complete coverage information. A group-specific Summary of Dental Plan Benefits will become a part of the Delta Dental contract with the group and will be made available to subscribers, once coverage is approved, and will be available at [www.deltadentalnm.com](http://www.deltadentalnm.com).

Please refer to the back of this page for an overview of the most frequently asked questions regarding the underwriting guidelines which apply in the Delta Dental of New Mexico Small Group Pool. A more complete Underwriting Guidelines document is also included in this Broker Resource Guide.

## SGP UNDERWRITING QUICK REFERENCE OVERVIEW

<p>Group Size (Small Group Pool)</p>	<p>Non-Voluntary (employer contributes at least 50% of employee premium)</p> <ul style="list-style-type: none"> <li>• Minimum of 3 employees (spousal employees may enroll as two singles for purposes of meeting the 3 employee minimum) if all 3 work at least 20 hours per week.</li> <li>• Maximum of 100 eligible; larger groups are written outside the Pool.</li> </ul> <p>Voluntary (employer contribution less than 50% of employee premium)</p> <ul style="list-style-type: none"> <li>• Minimum of 10 and maximum of 200 eligible.</li> <li>• Only Plans I and IA are available to Voluntary groups.</li> </ul>
<p>Participation Requirements</p>	<p>Non-Voluntary (employer contributes at least 50% of employee premium)</p> <ul style="list-style-type: none"> <li>• Participation for non-Voluntary: 75% of group must enroll or have other dental plan benefits. Enrollment of at least 50% of total number of employees is always required, regardless of the number with other dental.</li> </ul> <p>Voluntary (employer contribution less than 50% of employee premium)</p> <ul style="list-style-type: none"> <li>• Participation if Voluntary: 35% of total number of employees.</li> <li>• Proof of enrollment through a Section 125 Plan is required.</li> </ul> <p>Groups with “carve-out” eligibility, such as those who consider certain classes of employees as ineligible, are not eligible for SGP plans.</p>
<p>Specified Industries</p> <p>Groups with no prior dental plan</p>	<p>Specified Industries</p> <ul style="list-style-type: none"> <li>• Standard SGP rates do not apply to some types of groups; see rate sheets or Underwriting Guidelines for a list of these industries. When applicable, a one-time rate adjustment of 10% applies.</li> </ul> <p>Groups with no prior coverage</p> <ul style="list-style-type: none"> <li>• A one-time 10% load applies if a group with fewer than 20 employees enrolling has no prior dental coverage.</li> </ul> <p>If a &lt;20 group in a Specified Industry has no prior coverage, rating loads for both industry and no prior dental apply; see Page 2 of the Specified Industry rates sheets for the rating factor.</p>
<p>Commissions</p>	<p>Published SGP rates include a 10% level commission but may be reduced by 10% if net-of-commission rates are desired.</p>

The information above summarizes the answers to the most frequently asked questions regarding underwriting requirements applicable to groups applying for coverage in the Delta Dental of New Mexico Small Group Pool. **For complete information, please refer to the SGP Underwriting Guidelines included in the Broker Resource Guide, published on [www.deltadentalnm.com](http://www.deltadentalnm.com) in the Brokers’ Portal, and available by request from Delta Dental.**

Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico.

Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number.

**Groups written in the SGP have a twelve-month contract year, benefit periods that match the contract term, and eligibility subject to annual Open Enrollment plan provisions. All group applications are subject to a Delta Dental of New Mexico coverage approval process that may include, but not be limited to, application verification and confirmation that the requirements outlined in this guide have been met.**

TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
<b>Eligible Employer Groups</b>	<p>Most groups in which there is an employee-employer relationship (vs. independent contractors and "1099 employees") are eligible. Some types of groups may not be considered (see additional information column) and all groups are subject to underwriting approval.</p> <p>SGP rates assume employees are located in NM and groups with more than a nominal number of employees outside NM may not be eligible, depending on the number and location of those employees.</p> <p>Coverage for groups of leased employees can be considered on a case-by-case basis. Some industries, and groups with no prior dental plan, are eligible subject to a rating adjustment.</p>	<p>Appointed brokers can price all SGP plans and quickly produce proposals in the Producer Online Rating Toolkit which is available in the Broker section at <a href="http://www.deltadentalnm.com">www.deltadentalnm.com</a>.</p> <p>Groups ineligible for the SGP include, but are not limited to: Employers who offer more than one group dental plan (SGP rates presume sole-carrier); employers who reimburse employees for deductibles or subsidize benefits in any way, through any kind of formal or informal reimbursement plan; and employer groups whose group benefit purchasing decisions are made outside the state of New Mexico (these groups should be written through the Delta Dental member company in that state).</p>
<b>Eligible Employees and Dependents</b>	<p>Eligible employees are those who receive W2s, work the required number of hours per week, and satisfy the Eligibility Waiting Period. Independent contractors and retirees are not eligible to enroll as employees.</p> <p>Leased employees can be considered on a case-by-case basis.</p> <p>Eligible dependents are defined as a spouse, and children under age 25 who are primarily dependent on the employee for support. IF SPECIFICALLY ELECTED, the "age 26" eligibility definition can be substituted without additional premium.</p> <p>Dependents who do not meet the definitions shown above are generally not eligible for coverage.</p> <p>Other dependents, such as children for whom the employee is a legal guardian or over age children with disabilities making them dependent on the employee for support, may be covered subject to underwriting approval.</p>	<p>Employer groups may NOT limit eligibility to specific classification(s) of employees, i.e., groups who set "carve-out" eligibility criteria are not eligible for the SGP. Note: in-force groups who were previously approved with carve-out eligibility are not subject to this underwriting requirement.</p> <p>All eligibility definitions are available in the DDNM benefit booklet (available on request). The number of full time hours required for eligibility may be determined by the employer, but may not be fewer than 20 hours/week.</p> <p>In-force groups may request this change upon renewal by authorizing it in the Group Plan Administrators area of <a href="http://www.deltadentalnm.com">www.deltadentalnm.com</a>.</p>
<b>Group Size Maximum</b>	<p>A new group is written in the SGP when the employer group has:</p> <ul style="list-style-type: none"> <li>· 100 or fewer ELIGIBLE employees (if employer contributes 50% or more of employee cost)</li> <li>· 200 or fewer ELIGIBLE employees (if coverage is Voluntary)</li> </ul>	<p>New groups with 100 or more ELIGIBLE employees (200 or more eligible if voluntary) are rated outside of the SGP, with rates, commission levels, underwriting requirements, and plan design options different from those applicable to smaller groups.</p> <p>Renewing groups will remain in the SGP until/unless group size guidelines are exceeded.</p>
<b>Group Size Minimum</b>	<p>Non-Voluntary plans: group size minimum of three (3) full time employees enrolled or 75% of eligible, whichever is greater.</p> <p>Voluntary plans: group size minimum of ten (10) full time employees enrolled or 35% of eligible, whichever is greater.</p>	<p>Spousal employees, when both meet the full time eligibility requirement, may enroll as two singles for purposes of reaching the three (3) employee minimum. Dependent children may only be enrolled under one parent.</p>
<b>Specified Industries</b>	<p>Groups in Specified Industries are subject to a rate adjustment of 10% over standard plan rates. This rate adjustment is already reflected on the Specified Industry rate sheets in the Broker Resource Guide.</p> <p>If a group in a Specified Industry has fewer than 20 employees enrolling and has no prior dental plan, an additional 10% rate adjustment applies.</p> <p>This/these one-time rate adjustment(s) is required only when a group is first written (original effective date). Renewal rate adjustments for these groups are subject to the same renewal formulas applicable to other groups.</p>	<p>Specified Industries subject to rate modifications include: Medical professions; Law Firms; Insurance Firms/Agencies*; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Scientists, Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising, Computer and Internet businesses.</p> <p>* Agents with in-force Delta Dental business are not subject to industry loads for their own agency's coverage with Delta Dental.</p>
<b>&lt;20 Groups with no prior dental plan</b> <b>(The information in this section does not apply to Voluntary groups)</b>	<p>New groups with no prior dental plan who are enrolling fewer than 20 employees are subject to a rate adjustment of 10% over standard plan rates. This rate adjustment is already reflected on the Specified Industry/No Prior Dental rate sheet in the Broker Resource Guide. This one-time rate adjustment is required only when a group is first written (original effective date).</p> <p>If a group with no prior dental plan is also a group in a Specified Industry, an additional 10% rate adjustment (over and above the rates applicable to a Specified Industry) also applies.</p>	<p>"No prior dental" refers to employers who have never had group dental insurance AND to groups with 3 or more months since a prior dental plan's date of termination. "No prior dental" determinations are subject to underwriting review and will include considerations related to how many people were covered under a prior plan as compared to the proposed Delta Dental enrollment.</p> <p>Groups in this category default to standard underwriting guidelines at renewal, which allows them to elect higher annual plan maximums at that time if 10 or more employees are enrolled.</p>
<b>Rating Tiers</b>	<p>Three (3) and four (4) tier rates are available in the SGP, at the employer's option.</p>	<p>Three tier: Employee, Employee + 1, and Employee + Family Four tier: Employee, Employee + Spouse, Employee + Child(ren), Employee + Family</p>
<b>Agent Commissions</b>	<p>The rates provided in the Broker Resource Guide include a level 10% commission. Should a broker/consultant prefer to write a group without commissions (perhaps in favor of a consulting fee), SGP rates may be reduced by a factor of .90.</p>	
<b>Re-Write of Groups Previously with DDNM</b>	<p>Groups which terminated Delta Dental coverage during the 24 months prior to the requested effective date are generally not eligible for published new business rates if re-written with Delta Dental.</p> <p>In these situations, the new rates will be the higher of the group's most recent Delta Dental renewal rates plus a trend adjustment for the months since termination OR the published/applicable SGP new business rates.</p>	<p>Groups whose termination of coverage was for non-payment of premium require specific underwriting approval and may be ineligible for coverage or subject to check-draw premium payment requirements.</p> <p>Groups whose prior termination of Delta Dental coverage was mid-contract may be considered ineligible for coverage (subject to underwriting review).</p>

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TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
<b>Group Effective Date</b>	Groups are approved for coverage on the first day of the month as indicated on the group application or on the first day of the month approved by Delta Dental, whichever is later.	If a mid-month effective date is required, the initial contract period shall be for 11½ months and a check for 1½ months' premium must accompany the application. Mid-month effective date exceptions are only possible with documentation that the prior dental coverage had a mid-month termination date.
<b>Requests for "Short" or "Long" Contract Years</b>	<p>Groups who have a business need for an initial contract period of less than or greater than 12 months may request an exception to the initial one year contract/benefit year.</p> <p>An in-force group may also request a change in the dental plan anniversary date. This change needs to be requested in advance of the group's renewal and the resulting short or long contract period will apply to the benefit period following that anniversary date. Retroactive changes cannot be made because dental benefits are subject to an annual maximum which has already been communicated to enrollees and may have been considered in the planning of needed dental care.</p>	<p>Exceptions to a 12 month contract period are subject to underwriting approval. In all cases, documentation of the business need (i.e., a medical plan with a different contract period) will be requested.</p> <p>Because group plan rating is based on annual plan maximums, contract years shorter than 8 months or longer than 16 months are not normally considered and contract year changes may not be possible for very small groups. Please contact Group Administration to discuss options specific to each client.</p>
<b>Employer Contribution</b>	Except when Voluntary benefits and rates are selected, the employer is required to contribute a minimum of 50% of the employee premium for each eligible employee. Any group with an employer contribution of less than 50% of the employee premium is considered Voluntary.	<p>Premium contributions from all employees, for both voluntary or non-voluntary plans, must be collected (payroll deducted) and paid to Delta Dental by the employer.</p> <p>A mid-benefit year increase in employer contribution is not a qualifying event that triggers new eligibility.</p>
<b>Participation Requirements</b>	<p>For non-voluntary groups, 75% of eligible employees must enroll with Delta Dental or sign a waiver confirming other group dental plan coverage. In no event, however, can the number of employees waiving coverage exceed 50% of the total number of eligible employees.</p> <p>If the plan is Voluntary, 35% of eligible employees -- regardless of the number of employees with other dental coverage -- must enroll.</p>	<p>Any eligible employee not electing Delta Dental coverage must sign a waiver. Employees with other dental plan coverage are eligible to enroll but may waive Delta Dental coverage. If waiving for other coverage, waivers must indicate the name of other plan.</p> <p>Non-comparable benefits, such as group or individual "Discount" dental plans are not considered other dental coverage for purposes of meeting participation requirements.</p>
<b>Eligibility Waiting Periods</b>	The employer may select the Eligibility Waiting period, subject to approval by Delta Dental. Coverage for employees becomes effective on the first of the month following satisfaction of the Eligibility Waiting period.	Eligibility Waiting Periods of less than one month, such as "date of hire" coverage effective dates, and waiting periods in excess of one year can not apply in the SGP without specific underwriting approval. Eligibility Waiting Periods may only be waived for current employees at initial enrollment if there is no prior dental plan.
<b>Management Only Groups or Other "Carve-Out" Eligibility</b>	Employers who exclude some classifications of employees (i.e., "carve-out" eligibility limited to Management or other defined groups of employees) are generally not eligible in the Small Group Pool.	Defining union employees as the only class of employees not eligible is not considered "carve-out" eligibility for underwriting purposes.
<b>Plan Design Options and Renewal Options</b>  <b>(This section not applicable to Voluntary groups; see guidelines specific to Voluntary coverages.)</b>	<p>All available SGP plan designs, and their coverage options, are illustrated in the most recent Broker Resource Guide. When using the online rating toolkit for quoting a new group, a Summary of Dental Plan Benefits providing benefit and network details will automatically be included in the documents available for printing.</p> <p>Three Annual Plan Maximum options -- \$1,000, \$1,500, and \$2,000 -- are offered in the SGP. Two SGP plans, IIIA and IIIB, combine two different network-specific plan maximums.</p> <p>Child Only or Adult/Child coverage plan for Orthodontic Services is available to new groups with 20 or more enrolled employees, or to new groups with 10 or more enrolled employees if the prior dental plan included Orthodontic coverage and if plan selected is not Voluntary.</p> <p>Renewing groups (groups currently with Delta Dental) without coverage for Orthodontic Services may add Ortho if there are 20 or more enrolled employees as of the renewal date.</p> <p>Plan Options are available to in-force groups as of their contract anniversary dates assuming Delta Dental is notified of the change prior to renewal.</p>	<p>Groups (new or renewal) with fewer than 10 enrolled may only elect an annual plan maximum of \$1,000 unless Plan III is selected.</p> <p>The Lifetime Maximum for Orthodontic Services, although separate from the Annual Plan Maximum, must be same dollar amount as the group's Annual Benefit Maximum (i.e., if the group's Annual Plan Maximum is \$2,000, the available lifetime maximum for the Ortho benefit is \$2,000). Under Plan III, the Ortho Lifetime Maximum is \$1,500, which is the Delta Dental PPO/highest Annual Plan Maximum available under that plan design.</p> <p>Groups ineligible at renewal for plan options elected in the previous benefit year (e.g., a group who had Ortho but now has fewer than the number of enrolled employees required for that coverage) will not be eligible to renew coverage including the option for which they have become ineligible.</p> <p>Pricing renewal options can be requested by contacting Sales at 505-872-5326.</p>
<b>Benefit Waiting Periods (only applies to Voluntary plans).</b>	<p>A Benefit Waiting Period only applies to groups which are Voluntary (employer contribution of less than 50% of employee premiums).</p> <p>For those groups, a 12 month Benefit Waiting Period applies to all initial and future enrollees (regardless of the date enrolled) and is applicable to Orthodontic and Major Services, Endodontics, Surgical Periodontal, Oral Surgery Services, and General Anesthesia.</p> <p>For employees enrolled under the employer's prior dental plan, a waiver of the waiting period may apply.</p>	If applicable, the waiver of the Benefit Waiting Period will apply to the employees who were on the prior dental benefit plan in the month immediately preceding the Delta Dental effective date and to the dependents of those employees who enrolled as of that effective date. The Benefit Waiting Period will apply to all future enrollees including, if any, future dependents of employees for whom the Benefit Waiting Period was waived. Documentation of the employer's prior dental plan coverage and proof of premium payment in the month immediately preceding the Delta Dental effective date will be required. To be eligible for consideration, the group's prior dental coverage must have had reasonably similar levels of coverage. Plans with non-comparable benefits, such as Discount plans, are not considered prior coverage.

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TOPIC	REQUIREMENTS	ADDITIONAL INFORMATION OR REQUIREMENTS
<p><b>Voluntary Plans (employer contribution less than 50% of employee premiums)</b></p>	<p>Delta Dental PPO Plan I and Plan IA are the two SGP plans available to groups which are Voluntary and available to employers with fewer than 200 ELIGIBLE employees. They are subject to a minimum enrollment requirement of 10 employees, or 35% of the total number of employees, whichever is greater.</p> <p>Voluntary plans require the employer to payroll deduct premiums (one check to Delta Dental) and have a Section 125 Plan under which employees will be enrolling.</p>	<p>Voluntary plans may include a benefit for Orthodontic Services if the number of enrollees is 20 or more.</p> <p>Under the Voluntary Plan, a 12 month Benefit Waiting Period applies to Orthodontic Services, Major Services, Endodontics, Surgical Periodontal, Oral Surgery, and General Anesthesia.</p>
<p><b>Agent / Broker SGP Groups</b></p>	<p>Broker groups (agencies) are eligible for group coverage in the SGP. As a courtesy to brokers with active Delta Dental of New Mexico appointments, the "Specified Industry" rate adjustment that would normally apply to insurance agents will not apply.</p> <p>Although not applicable for other SGP cases with fewer than 10 enrolled, agent groups with 3-10 enrolled employees MAY also elect Annual Plan Maximums higher than \$1,000.</p>	<p>Should a broker's agency agreement with Delta Dental be terminated, a benefit option for which the group was eligible only as a result of the agency agreement (such as an annual maximum in excess of \$1,000) may be removed at the group's next anniversary date.</p>
<p><b>New Business Submission Requirements</b></p>	<ul style="list-style-type: none"> <li>- SGP Employer Application, signed by broker and an officer of the Group (If billing sublocations are desired, include a Subgroup Information Page and Application Addendum.)</li> <li>- Premium remittance (payable to Delta Dental) equal to first month's premium</li> <li>- Enrollment cards for each enrolled employee</li> <li>- Waiver cards for each eligible employee not enrolling</li> <li>- Coverage description and proof of payment (month immediately prior to requested effective date) for prior dental plan, if applicable.</li> </ul>	<p>New case submission requirements must be received by Delta Dental by no later than the 25th of the month prior to the requested effective date. The employer signature on the group application must be by someone with authority to contract for the employer.</p> <p>Additional documentation, such as a copy of a recent SUTA form, may be requested on a case-by-case basis.</p>
<p><b>Billing Sub-Groups</b></p>	<p>SGP groups with 25-100 employees enrolled may identify a reasonable number of billing sub-groups for ease in distinguishing between groups of employees (i.e., locations).</p> <p>If billing sublocations are desired, include a Subgroup Information Page and Application Addendum with the Group application.</p>	<p>Groups with sub-locations may pay premiums with more than one check -- either for the initial premium deposit or for monthly premium payments after the group is written -- if each check clearly indicates to which sublocation that portion of the premium applies.</p> <p>Note: groups with sub-locations must identify on enrollment cards which sub-location is applicable to each enrollee.</p>
<p><b>Underwriting Approval</b></p>	<p>Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico.</p> <p>Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number.</p>	<p>Applications for coverage are subject to verification by Delta Dental, including but not limited to, phone call confirmation of information on enrollment cards and on the employer's group plan application.</p> <p>Agents must be licensed in New Mexico and appointed by Delta Dental of New Mexico to solicit or represent Delta Dental group plan products.</p>
<p><b>Renewal Rating and Requirements</b></p>	<p>Premium rates for each group in the SGP are reviewed annually.</p> <p>Premium adjustments, when applicable, will be effective on the group's contract anniversary date.</p> <p>Renewal rates are based on a formula that includes some consideration for the group's claims ratio (trended) in the previous period. However, because groups in the SGP have limited claims credibility, the rate increase applicable to any one group -- regardless of the that group's claims -- will not exceed the maximum rate adjustment applicable in the SGP. Assuming average claims utilization, renewal rate adjustments will approximate trend.</p>	<p>Renewing groups are not required to automatically submit any payroll documentation such as SUTA forms. SUTA forms may be requested at renewal, on a case-by-case basis, to verify continued eligibility.</p> <p>Notices of renewal rates are sent a minimum of 60 days prior to the effective date of the rate change. Broker copies of renewal notices are sent prior to the group's copy.</p>
<p><b>Plan Change Requests</b></p>	<p>Changes to benefit levels, plan maximums or provider networks may be made on a group's anniversary date. Changes must be submitted 15 days prior to renewal.</p>	<p>Appointed Brokers may request plan renewal options by calling Sales at 505-872-5326.</p> <p>Signed plan change requests must be received by Delta Dental 15 days prior to the group's dental plan anniversary date. Benefit changes are subject to underwriting approval and may not be made retroactively.</p>
<p><b>Ownership and Other Significant Group Changes</b></p>	<p>Notify Group Administration when ownership or any other major change, such as the acquisition of another company or the addition of employees in locations outside New Mexico, occurs within a group.</p>	<p>Documentation confirming or updating employer contribution, Eligibility Waiting Periods, classifications of employees to be covered, etc., may be requested.</p>





**PLAN IA / DELTA DENTAL PPO / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Out-of-Network Dentists
Diagnostic and Preventive	100%	50%
Restorative Services	80%	50%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,000	
Lifetime Ortho Maximum, if applicable	\$1,000	

Under this plan, lower coinsurance levels apply when services are not received from a Delta Dental PPO dentist. In addition, any dentist who does not participate in Delta Dental PPO may balance bill patients for amounts over and above the Delta Dental PPO or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK</b>						
(Ortho options are available to groups with 20 or more enrolled employees, or groups with 10 or more enrolled employees if the prior dental plan included Ortho coverage)						
Annual Maximum with Ortho Options:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,000 Child Ortho</b>	<b>\$1,000 Adult/Child Ortho</b>	<b>\$1,000 with PCS &amp; Child Ortho</b>	<b>\$1,000 with PCS &amp; Adult/Child Ortho</b>
<b>3-Tier</b>						
Employee	\$22.43	\$22.99	\$22.43	\$22.92	\$22.99	\$23.48
Employee + 1	\$44.05	\$45.15	\$44.76	\$45.63	\$45.86	\$46.73
Employee + Family	\$79.18	\$81.16	\$85.85	\$86.75	\$87.83	\$88.73
<b>4-Tier</b>						
Employee	\$22.43	\$22.99	\$22.43	\$22.92	\$22.99	\$23.48
Employee + Spouse	\$44.86	\$45.98	\$44.86	\$45.84	\$45.98	\$46.96
Employee + Child(ren)	\$51.66	\$52.95	\$56.93	\$57.42	\$58.22	\$58.71
Employee + Family	\$82.00	\$84.05	\$88.45	\$89.43	\$90.50	\$91.48

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

**PLAN IA / DELTA DENTAL PPO / Page 2 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

**PLAN MAXIMUMS**

Annual Plan Maximums and Lifetime Orthodontic Maximums in excess of \$1,000 are not available under this plan.

**DEDUCTIBLES**

Deductibles work together (aggregate) in this plan design, which features a lower amount when services are received from a Delta Dental PPO dentist. As an example, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier or other non-participating dentist, only an additional \$50 would apply.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group's current plan already includes Ortho) may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this page are *not* applicable to groups with no prior dental or when the group's industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (includes those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN I / ALL NETWORKS / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	In-Network (the Delta Dental provider network selected by the group)	Out-of-Network Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	

Under this plan, the same benefit percentages apply in and out-of-network. When services are received out-of-network, however, the patient's out-of-pocket costs may be significantly higher because any dentist outside of the specific network featured under the employer's plan may balance bill patients for amounts over and above the in-network or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximum:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,500 (10+)</b>	<b>\$1,500 with PCS (10+)</b>	<b>\$2,000 (10+)</b>	<b>\$2,000 with PCS (10+)</b>
<b>3-Tier</b>						
Employee	\$25.53	\$26.17	\$27.60	\$28.29	\$28.33	\$29.04
Employee + 1	\$50.28	\$51.54	\$54.27	\$55.63	\$55.67	\$57.06
Employee + Family	\$91.12	\$93.40	\$97.71	\$100.15	\$99.96	\$102.46
<b>4-Tier</b>						
Employee	\$25.53	\$26.17	\$27.60	\$28.29	\$28.33	\$29.04
Employee + Spouse	\$51.07	\$52.35	\$55.19	\$56.57	\$56.65	\$58.07
Employee + Child(ren)	\$59.78	\$61.27	\$64.02	\$65.62	\$65.46	\$67.10
Employee + Family	\$94.26	\$96.62	\$101.12	\$103.65	\$103.47	\$106.06
<b>DELTA DENTAL PREMIER NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximum:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,500 (10+)</b>	<b>\$1,500 with PCS (10+)</b>	<b>\$2,000 (10+)</b>	<b>\$2,000 with PCS (10+)</b>
<b>3-Tier</b>						
Employee	\$31.26	\$32.04	\$33.79	\$34.63	\$34.68	\$35.55
Employee + 1	\$61.56	\$63.10	\$66.44	\$68.10	\$68.15	\$69.85
Employee + Family	\$111.25	\$114.03	\$119.31	\$122.29	\$122.06	\$125.11
<b>4-Tier</b>						
Employee	\$31.26	\$32.04	\$33.79	\$34.63	\$34.68	\$35.55
Employee + Spouse	\$62.53	\$64.09	\$67.58	\$69.27	\$69.37	\$71.10
Employee + Child(ren)	\$73.14	\$74.97	\$78.32	\$80.28	\$80.08	\$82.08
Employee + Family	\$115.07	\$117.95	\$123.45	\$126.54	\$126.32	\$129.48

**REFER TO PAGE 2 (OVER) FOR ORTHO PREMIUMS AND ADDITIONAL RATING INFORMATION**

**PLAN I / ALL NETWORKS / Page 2 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

<b>ADDITIONAL PREMIUMS APPLICABLE FOR ORTHO COVERAGE</b>						
<b>Lifetime maximum must match annual plan maximum</b>						
<b>(Ortho options are available to groups with 20 or more enrolled employees, or groups with 10 or more enrolled employees if the prior dental plan included Ortho coverage)</b>						
<b>Lifetime Ortho Maximum:</b>	<b>\$1,000 Child Only</b>	<b>\$1,000 Adult/Child</b>	<b>\$1,500 Child Only</b>	<b>\$1,500 Adult/Child</b>	<b>\$2,000 Child Only</b>	<b>\$2,000 Adult/Child</b>
<b>3-Tier</b>						
Employee	\$0.00	\$0.49	\$0.00	\$0.72	\$0.00	\$0.92
Employee + 1	\$0.71	\$1.58	\$1.04	\$2.32	\$1.33	\$2.99
Employee + Family	\$6.67	\$7.57	\$9.77	\$11.08	\$12.57	\$14.26
<b>4-Tier</b>						
Employee	\$0.00	\$0.49	\$0.00	\$0.72	\$0.00	\$0.92
Employee + Spouse	\$0.00	\$0.98	\$0.00	\$1.43	\$0.00	\$1.85
Employee + Child(ren)	\$5.27	\$5.76	\$7.72	\$8.44	\$9.94	\$10.86
Employee + Family	\$6.45	\$7.43	\$9.45	\$10.88	\$12.16	\$14.01

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group’s current plan already includes Ortho) may elect Ortho benefits.

**ANNUAL PLAN MAXIMUMS**

Annual Plan Maximums over \$1,000 are only available under this plan if the group enrollment is 10 or more subscribers.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this page are *not* applicable to groups with no prior dental or when the group’s industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN II / ALL NETWORKS / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	In-Network (the Delta Dental provider network selected by the group)	Out-of-Network Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	

Under this plan, the same benefit percentages apply in and out-of-network. When services are received out-of-network, however, the patient's out-of-pocket costs may be significantly higher because any dentist outside of the specific network featured under the employer's plan may balance bill patients for amounts over and above the in-network or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximums:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,500 (10+)</b>	<b>\$1,500 with PCS (10+)</b>	<b>\$2,000 (10+)</b>	<b>\$2,000 with PCS (10+)</b>
<b>3-Tier</b>						
Employee	\$27.80	\$28.50	\$30.05	\$30.80	\$30.84	\$31.61
Employee + 1	\$54.74	\$56.11	\$59.08	\$60.56	\$60.60	\$62.12
Employee + Family	\$99.03	\$101.51	\$106.20	\$108.86	\$108.64	\$111.36
<b>4-Tier</b>						
Employee	\$27.80	\$28.50	\$30.05	\$30.80	\$30.84	\$31.61
Employee + Spouse	\$55.60	\$56.99	\$60.10	\$61.60	\$61.69	\$63.23
Employee + Child(ren)	\$65.01	\$66.64	\$69.62	\$71.36	\$71.18	\$72.96
Employee + Family	\$102.44	\$105.00	\$109.90	\$112.65	\$112.46	\$115.27
<b>DELTA DENTAL PREMIER NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximums:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,500 (10+)</b>	<b>\$1,500 with PCS (10+)</b>	<b>\$2,000 (10+)</b>	<b>\$2,000 with PCS (10+)</b>
<b>3-Tier</b>						
Employee	\$34.01	\$34.86	\$36.76	\$37.68	\$37.73	\$38.67
Employee + 1	\$66.95	\$68.62	\$72.26	\$74.07	\$74.13	\$75.98
Employee + Family	\$120.83	\$123.85	\$129.57	\$132.81	\$132.56	\$135.87
<b>4-Tier</b>						
Employee	\$34.01	\$34.86	\$36.76	\$37.68	\$37.73	\$38.67
Employee + Spouse	\$68.02	\$69.72	\$73.51	\$75.35	\$75.46	\$77.34
Employee + Child(ren)	\$79.46	\$81.45	\$85.10	\$87.23	\$87.01	\$89.19
Employee + Family	\$124.97	\$128.09	\$134.08	\$137.43	\$137.20	\$140.63

**REFER TO PAGE 2 (OVER) FOR ORTHO PREMIUMS AND ADDITIONAL RATING INFORMATION**

**PLAN II / ALL NETWORKS / Page 2 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

<b>ADDITIONAL PREMIUMS APPLICABLE FOR ORTHO COVERAGE</b>						
<b>Lifetime maximum must match annual plan maximum</b>						
<b>(Ortho options are available to groups with 20 or more enrolled employees, or groups with 10 or more enrolled employees if the prior dental plan included Ortho coverage)</b>						
<b>Lifetime Ortho Maximum:</b>	<b>\$1,000 Child Only</b>	<b>\$1,000 Adult/Child</b>	<b>\$1,500 Child Only</b>	<b>\$1,500 Adult/Child</b>	<b>\$2,000 Child Only</b>	<b>\$2,000 Adult/Child</b>
<b>3-Tier</b>						
Employee	\$0.00	\$0.49	\$0.00	\$0.72	\$0.00	\$0.92
Employee + 1	\$0.71	\$1.58	\$1.04	\$2.32	\$1.33	\$2.99
Employee + Family	\$6.67	\$7.57	\$9.77	\$11.08	\$12.57	\$14.26
<b>4-Tier</b>						
Employee	\$0.00	\$0.49	\$0.00	\$0.72	\$0.00	\$0.92
Employee + Spouse	\$0.00	\$0.98	\$0.00	\$1.43	\$0.00	\$1.85
Employee + Child(ren)	\$5.27	\$5.76	\$7.72	\$8.44	\$9.94	\$10.86
Employee + Family	\$6.45	\$7.43	\$9.45	\$10.88	\$12.16	\$14.01

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group’s current plan already includes Ortho) may elect Ortho benefits.

**ANNUAL PLAN MAXIMUMS**

Annual Plan Maximums over \$1,000 are only available under this plan if the group enrollment is 10 or more subscribers.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this page are *not* applicable to groups with no prior dental or when the group’s industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN IIIA / POINT OF SERVICE / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Delta Dental Premier/ Non-Participating Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,500	\$1,000
Lifetime Ortho Maximum, if applicable	\$1,500	

This plan features two different Delta Dental provider networks. The benefit percentages shown above are applied to network-specific Maximum Approved Fees. Delta Dental PPO fees are lower than those applicable to Delta Dental Premier. Because members pay a share of the cost for most services, member out-of-pocket costs will be less when the total cost of care is reduced through selection of a Delta Dental PPO dentist. Services received from a dentist who does not participate in either Delta Dental network will be subject to reduced fee allowables and these dentists are also not limited in what can be billed to the patient. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO POINT OF SERVICE</b>						
Annual Maximum with Ortho Options:	Point of Service	Point of Service with PCS	Point of Service with \$1,500 Child Ortho	Point of Service with PCS & \$1,500 Child Ortho	Point of Service with \$1,500 Child/Adult Ortho	Point of Service with PCS & \$1,500 Child/Adult Ortho
<b>3-Tier</b>						
Employee	\$27.56	\$28.25	\$27.56	\$28.25	\$28.28	\$28.97
Employee + 1	\$54.23	\$55.59	\$55.27	\$56.63	\$56.55	\$57.91
Employee + Family	\$98.25	\$100.71	\$108.02	\$110.48	\$109.33	\$111.79
<b>4-Tier</b>						
Employee	\$27.56	\$28.25	\$27.56	\$28.25	\$28.28	\$28.97
Employee + Spouse	\$55.11	\$56.49	\$55.11	\$56.49	\$56.54	\$57.92
Employee + Child(ren)	\$64.22	\$65.83	\$71.94	\$73.55	\$72.66	\$74.27
Employee + Family	\$101.69	\$104.23	\$111.14	\$113.68	\$112.57	\$115.11

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)****DEDUCTIBLES AND ANNUAL PLAN MAXIMUMS**

Deductibles and plan maximums work together (aggregate) in this plan design, which features different amounts applicable to different provider networks. As examples, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier dentist, only an additional \$50 would apply. If a person who had exhausted the \$1,000 Delta Dental Premier annual maximum selected a Delta Dental PPO dentist for additional treatment, \$500 of additional benefits would be available because of the \$1,500 Delta Dental PPO annual maximum.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group's current plan already includes Ortho) may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this page are *not* applicable to groups with no prior dental or when the group's industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.



**PLAN IIIB / POINT OF SERVICE / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Delta Dental Premier/ Non-Participating Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,500	\$1,000
Lifetime Ortho Maximum, if applicable	\$1,500	

This plan features two different Delta Dental provider networks. The benefit percentages shown above are applied to network-specific Maximum Approved Fees. Delta Dental PPO fees are lower than those applicable to Delta Dental Premier. Because members pay a share of the cost for most services, member out-of-pocket costs will be less when the total cost of care is reduced through selection of a Delta Dental PPO dentist. Services received from a dentist who does not participate in either Delta Dental network will be subject to reduced fee allowables and these dentists are also not limited in what can be billed to the patient. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO POINT OF SERVICE</b>						
Annual Maximum with Ortho Options:	Point of Service	Point of Service with PCS	Point of Service with \$1,500 Child Ortho	Point of Service with PCS & \$1,500 Child Ortho	Point of Service with \$1,500 Child/Adult Ortho	Point of Service with PCS & \$1,500 Child/Adult Ortho
<b>3-Tier</b>						
Employee	\$30.03	\$30.78	\$30.03	\$30.78	\$30.75	\$31.50
Employee + 1	\$59.08	\$60.56	\$60.12	\$61.60	\$61.40	\$62.88
Employee + Family	\$106.84	\$109.51	\$116.61	\$119.28	\$117.92	\$120.59
<b>4-Tier</b>						
Employee	\$30.03	\$30.78	\$30.03	\$30.78	\$30.75	\$31.50
Employee + Spouse	\$60.06	\$61.56	\$60.06	\$61.56	\$61.49	\$62.99
Employee + Child(ren)	\$69.88	\$71.63	\$77.60	\$79.35	\$78.32	\$80.07
Employee + Family	\$110.58	\$113.34	\$120.03	\$122.79	\$121.46	\$124.22

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

PLAN IIIB/ POINT OF SERVICE / Page 2 of 2

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

**DEDUCTIBLES AND ANNUAL PLAN MAXIMUMS**

Deductibles and plan maximums work together (aggregate) in this plan design, which features different amounts applicable to different provider networks. As examples, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier dentist, only an additional \$50 would apply. If a person who had exhausted the \$1,000 Delta Dental Premier annual maximum selected a Delta Dental PPO dentist for additional treatment, \$500 of additional benefits would be available because of the \$1,500 Delta Dental PPO annual maximum.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group's current plan already includes Ortho) may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this page are *not* applicable to groups with no prior dental or when the group's industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN IA / DELTA DENTAL PPO / SPECIFIED INDUSTRY / NO PRIOR / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Out-of-Network Dentists
Diagnostic and Preventive	100%	50%
Restorative Services	80%	50%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,000	
Lifetime Ortho Maximum, if applicable	\$1,000	

Under this plan, lower coinsurance levels apply when services are not received from a Delta Dental PPO dentist. In addition, any dentist who does not participate in Delta Dental PPO may balance bill patients for amounts over and above the Delta Dental PPO or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK</b>						
Annual Maximum with Ortho Options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho	\$1,000 Adult/Child Ortho	\$1,000 with PCS & Child Ortho	\$1,000 with PCS & Adult/Child Ortho
<b>3-Tier</b>						
Employee	\$24.67	\$25.29	\$24.67	\$25.21	\$25.29	\$25.83
Employee + 1	\$48.46	\$49.67	\$49.24	\$50.19	\$50.45	\$51.40
Employee + Family	\$87.10	\$89.28	\$94.44	\$95.43	\$96.61	\$97.60
<b>4-Tier</b>						
Employee	\$24.67	\$25.29	\$24.67	\$25.21	\$25.29	\$25.83
Employee + Spouse	\$49.35	\$50.58	\$49.35	\$50.42	\$50.58	\$51.66
Employee + Child(ren)	\$56.83	\$58.25	\$62.62	\$63.16	\$64.04	\$64.58
Employee + Family	\$90.20	\$92.46	\$97.30	\$98.37	\$99.55	\$100.63

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

**ANNUAL PLAN MAXIMUMS**

Annual Plan Maximums in excess of \$1,000 are not available under this plan.

**DEDUCTIBLES**

Deductibles work together (aggregate) in this plan design, which features a lower amount when services are received from a Delta Dental PPO dentist. As an example, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier or other non-participating dentist, only an additional \$50 would apply.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group's current plan already includes Ortho) may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this rate sheet are only applicable to groups with no prior dental or when the group's industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**If the group is a specified industry with no prior dental plan *and fewer than 20 subscribers enrolling*, an additional 10% rate adjustment (rate x 1.10) applies to the rates shown on Page 1.**

Please refer to the Table of Contents for the appropriate rate illustration page when Specified Industry or No Prior Dental Plan rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (includes those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN I / ALL NETWORKS / SPECIFIED INDUSTRY / NO PRIOR / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	In-Network (the Delta Dental provider network selected by the group)	Out-of-Network Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	

Under this plan, the same benefit percentages apply in and out-of-network. When services are received out-of-network, however, the patient's out-of-pocket costs may be significantly higher because any dentist outside of the specific network featured under the employer's plan may balance bill patients for amounts over and above the in-network or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximum:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,500 (10+)</b>	<b>\$1,500 with PCS (10+)</b>	<b>\$2,000 (10+)</b>	<b>\$2,000 with PCS (10+)</b>
<b>3-Tier</b>						
Employee	\$28.08	\$28.79	\$30.36	\$31.12	\$31.16	\$31.94
Employee + 1	\$55.31	\$56.69	\$59.70	\$61.19	\$61.24	\$62.77
Employee + Family	\$100.23	\$102.74	\$107.48	\$110.17	\$109.96	\$112.71
<b>4-Tier</b>						
Employee	\$28.08	\$28.79	\$30.36	\$31.12	\$31.16	\$31.94
Employee + Spouse	\$56.18	\$57.59	\$60.71	\$62.23	\$62.32	\$63.88
Employee + Child(ren)	\$65.76	\$67.40	\$70.42	\$72.18	\$72.01	\$73.81
Employee + Family	\$103.69	\$106.28	\$111.23	\$114.02	\$113.82	\$116.67
<b>DELTA DENTAL PREMIER NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximum:	<b>\$1,000</b>	<b>\$1,000 with PCS</b>	<b>\$1,500 (10+)</b>	<b>\$1,500 with PCS (10+)</b>	<b>\$2,000 (10+)</b>	<b>\$2,000 with PCS (10+)</b>
<b>3-Tier</b>						
Employee	\$34.39	\$35.24	\$37.17	\$38.09	\$38.15	\$39.11
Employee + 1	\$67.72	\$69.41	\$73.08	\$74.91	\$74.97	\$76.84
Employee + Family	\$122.38	\$125.43	\$131.24	\$134.52	\$134.27	\$137.62
<b>4-Tier</b>						
Employee	\$34.39	\$35.24	\$37.17	\$38.09	\$38.15	\$39.11
Employee + Spouse	\$68.78	\$70.50	\$74.34	\$76.20	\$76.31	\$78.21
Employee + Child(ren)	\$80.45	\$82.47	\$86.15	\$88.31	\$88.09	\$90.29
Employee + Family	\$126.58	\$129.75	\$135.80	\$139.19	\$138.95	\$142.43

**REFER TO PAGE 2 (OVER) FOR ORTHO PREMIUMS AND ADDITIONAL RATING INFORMATION**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

<b>ADDITIONAL PREMIUMS APPLICABLE FOR ORTHO COVERAGE</b>						
<b>Lifetime maximum must match annual plan maximum</b>						
<b>(Ortho options are available to groups with 20 or more enrolled employees, or groups with 10 or more enrolled employees if the prior dental plan included Ortho coverage)</b>						
Lifetime Ortho Maximum:	<b>\$1,000</b> Child Only	<b>\$1,000</b> Adult/Child	<b>\$1,500</b> Child Only	<b>\$1,500</b> Adult/Child	<b>\$2,000</b> Child Only	<b>\$2,000</b> Adult/Child
<b>3-Tier</b>						
Employee	\$0.00	\$0.54	\$0.00	\$0.79	\$0.00	\$1.01
Employee + 1	\$0.78	\$1.74	\$1.14	\$2.55	\$1.46	\$3.29
Employee + Family	\$7.34	\$8.33	\$10.75	\$12.19	\$13.83	\$15.69
<b>4-Tier</b>						
Employee	\$0.00	\$0.54	\$0.00	\$0.79	\$0.00	\$1.01
Employee + Spouse	\$0.00	\$1.08	\$0.00	\$1.57	\$0.00	\$2.04
Employee + Child(ren)	\$5.80	\$6.34	\$8.49	\$9.28	\$10.93	\$11.95
Employee + Family	\$7.10	\$8.17	\$10.40	\$11.97	\$13.38	\$15.41

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group’s current plan already includes Ortho) may elect Ortho benefits.

**ANNUAL PLAN MAXIMUMS**

Annual Plan Maximums over \$1,000 are only available under this plan if the group enrollment is 10 or more subscribers.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this rate sheet are only applicable to groups with no prior dental or when the group’s industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**If the group is a specified industry with no prior dental plan and fewer than 20 subscribers enrolling, an additional 10% rate adjustment (rate x 1.10) applies to the rates shown on Page 1.**

Please refer to the Table of Contents for the appropriate rate illustration page when Specified Industry or No Prior Dental Plan rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN II / ALL NETWORKS / SPECIFIED INDUSTRY / NO PRIOR / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	In-Network (the Delta Dental provider network selected by the group)	Out-of-Network Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	

Under this plan, the same benefit percentages apply in and out-of-network. When services are received out-of-network, however, the patient's out-of-pocket costs may be significantly higher because any dentist outside of the specific network featured under the employer's plan may balance bill patients for amounts over and above the in-network or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximum:	\$1,000	\$1,000 with PCS	\$1,500 (10+)	\$1,500 with PCS (10+)	\$2,000 (10+)	\$2,000 with PCS (10+)
<b>3-Tier</b>						
Employee	\$30.58	\$31.35	\$33.06	\$33.88	\$33.92	\$34.77
Employee + 1	\$60.21	\$61.72	\$64.99	\$66.62	\$66.66	\$68.33
Employee + Family	\$108.93	\$111.66	\$116.82	\$119.75	\$119.50	\$122.50
<b>4-Tier</b>						
Employee	\$30.58	\$31.35	\$33.06	\$33.88	\$33.92	\$34.77
Employee + Spouse	\$61.16	\$62.69	\$66.11	\$67.76	\$67.86	\$69.55
Employee + Child(ren)	\$71.51	\$73.30	\$76.58	\$78.50	\$78.30	\$80.26
Employee + Family	\$112.68	\$115.50	\$120.89	\$123.92	\$123.71	\$126.80
<b>DELTA DENTAL PREMIER NETWORK (RATES DO NOT INCLUDE ORTHO)</b>						
Annual Maximum:	\$1,000	\$1,000 with PCS	\$1,500 (10+)	\$1,500 with PCS (10+)	\$2,000 (10+)	\$2,000 with PCS (10+)
<b>3-Tier</b>						
Employee	\$37.41	\$38.35	\$40.44	\$41.45	\$41.50	\$42.54
Employee + 1	\$73.65	\$75.48	\$79.49	\$81.48	\$81.54	\$83.58
Employee + Family	\$132.91	\$136.24	\$142.53	\$146.09	\$145.82	\$149.46
<b>4-Tier</b>						
Employee	\$37.41	\$38.35	\$40.44	\$41.45	\$41.50	\$42.54
Employee + Spouse	\$74.82	\$76.69	\$80.86	\$82.89	\$83.00	\$85.07
Employee + Child(ren)	\$87.41	\$89.60	\$93.61	\$95.95	\$95.71	\$98.11
Employee + Family	\$137.47	\$140.90	\$147.49	\$151.17	\$150.92	\$154.69

**REFER TO PAGE 2 (OVER) FOR ORTHO PREMIUMS AND ADDITIONAL RATING INFORMATION**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

<b>ADDITIONAL PREMIUMS APPLICABLE FOR ORTHO COVERAGE</b>						
<b>Lifetime maximum must match annual plan maximum</b>						
<b>(Ortho options are available to groups with 20 or more enrolled employees, or groups with 10 or more enrolled employees if the prior dental plan included Ortho coverage)</b>						
Lifetime Ortho Maximum:	<b>\$1,000</b> Child Only	<b>\$1,000</b> Adult/Child	<b>\$1,500</b> Child Only	<b>\$1,500</b> Adult/Child	<b>\$2,000</b> Child Only	<b>\$2,000</b> Adult/Child
<b>3-Tier</b>						
Employee	\$0.00	\$0.54	\$0.00	\$0.79	\$0.00	\$1.01
Employee + 1	\$0.78	\$1.74	\$1.14	\$2.55	\$1.46	\$3.29
Employee + Family	\$7.34	\$8.33	\$10.75	\$12.19	\$13.83	\$15.69
<b>4-Tier</b>						
Employee	\$0.00	\$0.54	\$0.00	\$0.79	\$0.00	\$1.01
Employee + Spouse	\$0.00	\$1.08	\$0.00	\$1.57	\$0.00	\$2.04
Employee + Child(ren)	\$5.80	\$6.34	\$8.49	\$9.28	\$10.93	\$11.95
Employee + Family	\$7.10	\$8.17	\$10.40	\$11.97	\$13.38	\$15.41

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group’s current plan already includes Ortho) may elect Ortho benefits.

**ANNUAL PLAN MAXIMUMS**

Annual Plan Maximums over \$1,000 are only available under this plan if the group enrollment is 10 or more subscribers.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this rate sheet are only applicable to groups with no prior dental or when the group’s industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**If the group is a specified industry with no prior dental plan and fewer than 20 subscribers enrolling, an additional 10% rate adjustment (rate x 1.10) applies to the rates shown on Page 1.**

Please refer to the Table of Contents for the appropriate rate illustration page when Specified Industry or No Prior Dental Plan rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.



**PLAN IIIA / POINT OF SERVICE / SPECIFIED INDUSTRY/ NO PRIOR / Page 1**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Delta Dental Premier Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,500	\$1,000
Lifetime Ortho Maximum, if applicable	\$1,500	

This plan features two different Delta Dental provider networks. The benefit percentages shown above are applied to network-specific Maximum Approved Fees. Delta Dental PPO fees are lower than those applicable to Delta Dental Premier. Because members pay a share of the cost for most services, member out-of-pocket costs will be less when the total cost of care is reduced through selection of a Delta Dental PPO dentist. Services received from a dentist who does not participate in either Delta Dental network will be subject to reduced fee allowables and these dentists are also not limited in what can be billed to the patient. Member out-of-pocket costs may be *significantly* higher out-of-network.

DELTA DENTAL PPO POINT OF SERVICE						
Annual Maximum with Ortho options:	Point of Service	Point of Service with PCS	Point of Service with \$1,500 Child Ortho	Point of Service with PCS & \$1,500 Child Ortho	Point of Service with \$1,500 Child/Adult Ortho	Point of Service with PCS & \$1,500 Child/Adult Ortho
<b>3-Tier</b>						
Employee	\$30.32	\$31.08	\$30.32	\$31.08	\$31.11	\$31.87
Employee + 1	\$59.65	\$61.15	\$60.80	\$62.29	\$62.21	\$63.70
Employee + Family	\$108.08	\$110.78	\$118.82	\$121.53	\$120.26	\$122.97
<b>4-Tier</b>						
Employee	\$30.32	\$31.08	\$30.32	\$31.08	\$31.11	\$31.87
Employee + Spouse	\$60.62	\$62.14	\$60.62	\$62.14	\$62.19	\$63.71
Employee + Child(ren)	\$70.64	\$72.41	\$79.13	\$80.91	\$79.93	\$81.70
Employee + Family	\$111.86	\$114.65	\$122.25	\$125.05	\$123.83	\$126.62

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

**DEDUCTIBLES AND ANNUAL PLAN MAXIMUMS**

Deductibles and plan maximums work together (aggregate) in this plan design, which features different amounts applicable to different provider networks. As examples, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier dentist, only an additional \$50 would apply. If a person who had exhausted the \$1,000 Delta Dental Premier annual maximum selected a Delta Dental PPO dentist for additional treatment, \$500 of additional benefits would be available because of the \$1,500 Delta Dental PPO annual maximum.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group's current plan already includes Ortho) may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this rate sheet are only applicable to groups with no prior dental or when the group's industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**If the group is a specified industry with no prior dental plan *and fewer than 20 subscribers enrolling*, an additional 10% rate adjustment (rate x 1.10) applies to the rates shown on Page 1.**

Please refer to the Table of Contents for the appropriate rate illustration page when Specified Industry or No Prior Dental Plan rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN IIIB / POINT OF SERVICE / SPECIFIED INDUSTRY/ NO PRIOR / Page 1**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Delta Dental Premier Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,500	\$1,000
Lifetime Ortho Maximum, if applicable	\$1,500	

This plan features two different Delta Dental provider networks. The benefit percentages shown above are applied to network-specific Maximum Approved Fees. Delta Dental PPO fees are lower than those applicable to Delta Dental Premier. Because members pay a share of the cost for most services, member out-of-pocket costs will be less when the total cost of care is reduced through selection of a Delta Dental PPO dentist. Services received from a dentist who does not participate in either Delta Dental network will be subject to reduced fee allowables and these dentists are also not limited in what can be billed to the patient. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO POINT OF SERVICE</b>						
Annual Maximum with Ortho options:	Point of Service	Point of Service with PCS	Point of Service with \$1,500 Child Ortho	Point of Service with PCS & \$1,500 Child Ortho	Point of Service with \$1,500 Child/Adult Ortho	Point of Service with PCS & \$1,500 Child/Adult Ortho
<b>3-Tier</b>						
Employee	\$33.03	\$33.86	\$33.03	\$33.86	\$33.83	\$34.65
Employee + 1	\$64.99	\$66.62	\$66.13	\$67.76	\$67.54	\$69.17
Employee + Family	\$117.52	\$120.46	\$128.27	\$131.21	\$129.71	\$132.65
<b>4-Tier</b>						
Employee	\$33.03	\$33.86	\$33.03	\$33.86	\$33.83	\$34.65
Employee + Spouse	\$66.07	\$67.72	\$66.07	\$67.72	\$67.64	\$69.29
Employee + Child(ren)	\$76.87	\$78.79	\$85.36	\$87.29	\$86.15	\$88.08
Employee + Family	\$121.64	\$124.67	\$132.03	\$135.07	\$133.61	\$136.64

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)

**DEDUCTIBLES AND ANNUAL PLAN MAXIMUMS**

Deductibles and plan maximums work together (aggregate) in this plan design, which features different amounts applicable to different provider networks. As examples, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier dentist, only an additional \$50 would apply. If a person who had exhausted the \$1,000 Delta Dental Premier annual maximum selected a Delta Dental PPO dentist for additional treatment, \$500 of additional benefits would be available because of the \$1,500 Delta Dental PPO annual maximum.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers (10 or more if the group’s current plan already includes Ortho) may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES OR EMPLOYERS WITH NO PRIOR DENTAL PLAN BENEFITS**

The rates shown on this rate sheet are only applicable to groups with no prior dental or when the group’s industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**If the group is a specified industry with no prior dental plan *and fewer than 20 subscribers enrolling*, an additional 10% rate adjustment (rate x 1.10) applies to the rates shown on Page 1.**

Please refer to the Table of Contents for the appropriate rate illustration page when Specified Industry or No Prior Dental Plan rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements include but are not limited to:

- a minimum group size of 3 employees
- a 75% Participation Requirement (including those with other valid dental coverage) and an employer contribution of at least 50% or more of the employee-only cost; see Voluntary rate pages when the employer contribution is less.

**PLAN IA / DELTA DENTAL PPO / VOLUNTARY / (10+ group size) / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	Delta Dental PPO Dentists	Out-of-Network Dentists
Diagnostic and Preventive	100%	50%
Restorative Services	80%	50%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,000	
Lifetime Ortho Maximum, if applicable	\$1,000	
BENEFIT WAITING PERIOD	A 12 month Benefit Waiting Period applies to all initial and future enrollees (regardless of the date enrolled) and is applicable to Orthodontic and Major Services, Endodontics, Surgical Periodontal, Oral Surgery Services, and General Anesthesia.	

Under this plan, lower coinsurance levels apply when services are not received from a Delta Dental PPO dentist. In addition, any dentist who does not participate in Delta Dental PPO may balance bill patients for amounts over and above the Delta Dental PPO or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

DELTA DENTAL PPO NETWORK						
Annual Maximum with Ortho Options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho (20+)	\$1,000 with Adult/Child Ortho (20+)	\$1,000 with PCS & Child Ortho (20+)	\$1,000 Annual with PCS & Adult/Child Ortho (20+)
<b>3-Tier</b>						
Employee	\$25.79	\$26.44	\$25.79	\$26.36	\$26.44	\$27.00
Employee + 1	\$50.66	\$51.92	\$51.47	\$52.47	\$52.74	\$53.74
Employee + Family	\$91.06	\$93.33	\$98.73	\$99.76	\$101.00	\$102.04
<b>4-Tier</b>						
Employee	\$25.79	\$26.44	\$25.79	\$26.36	\$26.44	\$27.00
Employee + Spouse	\$51.59	\$52.88	\$51.59	\$52.72	\$52.88	\$54.00
Employee + Child(ren)	\$59.41	\$60.89	\$65.47	\$66.03	\$66.95	\$67.52
Employee + Family	\$94.30	\$96.66	\$101.72	\$102.84	\$104.08	\$105.20

**REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)****PLAN MAXIMUMS**

Annual Plan Maximums and Lifetime Orthodontic Maximums in excess of \$1,000 are not available under this plan.

**DEDUCTIBLES**

Deductibles work together (aggregate) in this plan design, which features a lower amount when services are received from a Delta Dental PPO dentist. As an example, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier or other non-participating dentist, only an additional \$50 would apply.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES**

The rates shown on this page are *not* applicable when the group's industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements for Voluntary groups include but are not limited to:

- a minimum group size of 10 employees
- a Participation Requirement of 35% of the total number of employees applies.
- an employer sponsored Section 125 plan through which employee contributions are collected by the employer.

**PLAN I / ALL NETWORKS / VOLUNTARY / (10+ group size) / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	In-Network (the Delta Dental provider network selected by the group)	Out-of-Network Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	
Annual Plan Maximum	\$1,000	
Lifetime Ortho Maximum, if applicable	\$1,000	
<b>BENEFIT WAITING PERIOD</b>	A 12 month Benefit Waiting Period applies to all initial and future enrollees (regardless of the date enrolled) and is applicable to Orthodontic and Major Services, Endodontics, Surgical Periodontal, Oral Surgery Services, and General Anesthesia.	

Under this plan, the same benefit percentages apply in and out-of-network. When services are received out-of-network, however, the patient's out-of-pocket costs may be significantly higher because any dentist outside of the specific network featured under the employer's plan may balance bill patients for amounts over and above the in-network or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK</b>						
Annual Maximum with Ortho Options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho (20+)	\$1,000 with PCS & Child Ortho (20+)	\$1,000 Child/Adult Ortho (20+)	\$1,000 with PCS & Child/Adult Ortho (20+)
<b>3-Tier</b>						
Employee	\$29.36	\$30.09	\$29.36	\$30.09	\$29.92	\$30.65
Employee + 1	\$57.82	\$59.27	\$58.63	\$60.08	\$59.64	\$61.09
Employee + Family	\$104.79	\$107.41	\$112.46	\$115.08	\$113.49	\$116.11
<b>4-Tier</b>						
Employee	\$29.36	\$30.09	\$29.36	\$30.09	\$29.92	\$30.65
Employee + Spouse	\$58.73	\$60.20	\$58.73	\$60.20	\$59.86	\$61.33
Employee + Child(ren)	\$68.75	\$70.47	\$74.82	\$76.54	\$75.38	\$77.10
Employee + Family	\$108.40	\$111.11	\$115.82	\$118.53	\$116.95	\$119.66
<b>DELTA DENTAL PREMIER NETWORK</b>						
Annual Maximum with Ortho Options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho (20+)	\$1,000 with PCS & Child Ortho (20+)	\$1,000 Child/Adult Ortho (20+)	\$1,000 with PCS & Child/Adult Ortho (20+)
<b>3-Tier</b>						
Employee	\$35.95	\$36.85	\$35.95	\$36.85	\$36.51	\$37.41
Employee + 1	\$70.79	\$72.56	\$71.60	\$73.37	\$72.61	\$74.38
Employee + Family	\$127.94	\$131.14	\$135.61	\$138.81	\$136.64	\$139.84
<b>4-Tier</b>						
Employee	\$35.95	\$36.85	\$35.95	\$36.85	\$36.51	\$37.41
Employee + Spouse	\$71.91	\$73.71	\$71.91	\$73.71	\$73.04	\$74.84
Employee + Child(ren)	\$84.11	\$86.21	\$90.18	\$92.28	\$90.74	\$92.84
Employee + Family	\$132.33	\$135.64	\$139.75	\$143.06	\$140.88	\$144.19

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)****PLAN MAXIMUMS**

Annual Plan Maximums and Lifetime Orthodontic Maximums in excess of \$1,000 are not available under this plan.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers may elect Ortho benefits.

**BENEFIT WAITING PERIOD**

Voluntary groups with prior dental coverage may apply for a waiver of the Benefit Waiting Period for the employees who were covered under the Group's prior dental plan. Proof of prior coverage and those enrolled will be requested.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES**

The rates shown on this page are *not* applicable when the group's industry falls into one of the Specified Industry categories. Please refer to the Table of Contents for the appropriate rate illustration page. Specified Industries include:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements for Voluntary groups include but are not limited to:

- a minimum group size of 10 employees
- a Participation Requirement of 35% of the total number of employees applies.
- an employer sponsored Section 125 plan through which employee contributions are collected by the employer.



2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)

	Delta Dental PPO Dentists	Out-of-Network Dentists
Diagnostic and Preventive	100%	50%
Restorative Services	80%	50%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	\$100 per person \$300 per family
Annual Plan Maximum	\$1,000	
Lifetime Ortho Maximum, if applicable	\$1,000	
BENEFIT WAITING PERIOD	A 12 month Benefit Waiting Period applies to all initial and future enrollees (regardless of the date enrolled) and is applicable to Orthodontic and Major Services, Endodontics, Surgical Periodontal, Oral Surgery Services, and General Anesthesia.	

Under this plan, lower coinsurance levels apply when services are not received from a Delta Dental PPO dentist. In addition, any dentist who does not participate in Delta Dental PPO may balance bill patients for amounts over and above the Delta Dental PPO or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

DELTA DENTAL PPO NETWORK						
Annual Maximum with Ortho Options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho (20+)	\$1,000 Adult/Child Ortho (20+)	\$1,000 with PCS & Child Ortho (20+)	\$1,000 with PCS & \$1,000 Adult/Child Ortho (20+)
<b>3-Tier</b>						
Employee	\$28.37	\$29.08	\$28.37	\$29.00	\$29.08	\$29.70
Employee + 1	\$55.73	\$57.11	\$56.62	\$57.72	\$58.01	\$59.11
Employee + Family	\$100.17	\$102.66	\$108.60	\$109.74	\$111.10	\$112.24
<b>4-Tier</b>						
Employee	\$28.37	\$29.08	\$28.37	\$29.00	\$29.08	\$29.70
Employee + Spouse	\$56.75	\$58.17	\$56.75	\$57.99	\$58.17	\$59.40
Employee + Child(ren)	\$65.35	\$66.98	\$72.02	\$72.63	\$73.65	\$74.27
Employee + Family	\$103.73	\$106.33	\$111.89	\$113.12	\$114.49	\$115.72

REFER TO PAGE 2 (OVER) FOR ADDITIONAL RATING INFORMATION

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)****PLAN MAXIMUMS**

Annual Plan Maximums and Lifetime Orthodontic Maximums in excess of \$1,000 are not available under this plan.

**DEDUCTIBLES**

Deductibles work together (aggregate) in this plan design, which features a lower amount when services are received from a Delta Dental PPO dentist. As an example, if the member had met the \$50 Delta Dental PPO deductible and later sought services (subject to the deductible) from a Delta Dental Premier or other non-participating dentist, only an additional \$50 would apply.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers may elect Ortho benefits.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES**

The rates shown on this rate sheet are only applicable when the group's industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

Please refer to the Table of Contents for the appropriate Voluntary rate illustration page when Specified Industry rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements for Voluntary groups include but are not limited to:

- a minimum group size of 10 employees
- a Participation Requirement of 35% of the total number of employees applies.
- an employer sponsored Section 125 plan through which employee contributions are collected by the employer.

**PLAN I / ALL NETWORKS / VOLUNTARY / SPECIFIED INDUSTRY / (10+ groups) / Page 1 of 2**

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)**

	In-Network (the Delta Dental provider network selected by the group)	Out-of-Network Dentists
Diagnostic and Preventive	100%	100%
Restorative Services	80%	80%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services, when included as a benefit	50%	50%
Annual Deductible (does not apply to Diagnostic and Preventive Services)	\$50 per person \$150 per family	
Annual Plan Maximum	\$1,000	
Lifetime Ortho Maximum, if applicable	\$1,000	
BENEFIT WAITING PERIOD	A 12 month Benefit Waiting Period applies to all initial and future enrollees (regardless of the date enrolled) and is applicable to Orthodontic and Major Services, Endodontics, Surgical Periodontal, Oral Surgery Services, and General Anesthesia.	

Under this plan, the same benefit percentages apply in and out-of-network. When services are received out-of-network, however, the patient's out-of-pocket costs may be significantly higher because any dentist outside of the specific network featured under the employer's plan may balance bill patients for amounts over and above the in-network or non-participating dentist fee allowance, whichever is lower. Member out-of-pocket costs may be *significantly* higher out-of-network.

<b>DELTA DENTAL PPO NETWORK</b>						
Annual Maximum with Ortho Options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho (20+)	\$1,000 with PCS & Child Ortho (20+)	\$1,000 Child/Adult Ortho (20+)	\$1,000 with PCS & Child/Adult Ortho (20+)
<b>3-Tier</b>						
Employee	\$32.30	\$33.10	\$32.30	\$33.10	\$32.91	\$33.72
Employee + 1	\$63.60	\$65.20	\$64.49	\$66.09	\$65.60	\$67.20
Employee + Family	\$115.27	\$118.15	\$123.71	\$126.59	\$124.84	\$127.72
<b>4-Tier</b>						
Employee	\$32.30	\$33.10	\$32.30	\$33.10	\$32.91	\$33.72
Employee + Spouse	\$64.60	\$66.22	\$64.60	\$66.22	\$65.85	\$67.46
Employee + Child(ren)	\$75.63	\$77.52	\$82.30	\$84.19	\$82.92	\$84.81
Employee + Family	\$119.24	\$122.22	\$127.40	\$130.38	\$128.65	\$131.63
<b>DELTA DENTAL PREMIER NETWORK</b>						
Annual Maximum with Ortho options:	\$1,000	\$1,000 with PCS	\$1,000 Child Ortho (20+)	\$1,000 with PCS & Child Ortho (20+)	\$1,000 Child/Adult Ortho (20+)	\$1,000 with PCS & Child/Adult Ortho (20+)
<b>3-Tier</b>						
Employee	\$39.55	\$40.54	\$39.55	\$40.54	\$40.16	\$41.15
Employee + 1	\$77.87	\$79.82	\$78.76	\$80.71	\$79.87	\$81.82
Employee + Family	\$140.73	\$144.25	\$149.17	\$152.69	\$150.30	\$153.82
<b>4-Tier</b>						
Employee	\$39.55	\$40.54	\$39.55	\$40.54	\$40.16	\$41.15
Employee + Spouse	\$79.10	\$81.08	\$79.10	\$81.08	\$80.34	\$82.32
Employee + Child(ren)	\$92.52	\$94.83	\$99.20	\$101.51	\$99.81	\$102.12
Employee + Family	\$145.56	\$149.20	\$153.73	\$157.37	\$154.97	\$158.61

**2015 SGP NEW BUSINESS RATES – (Effective dates 1/1/15 through 12/1/15)****PLAN MAXIMUMS**

Annual Plan Maximums and Lifetime Orthodontic Maximums in excess of \$1,000 are not available under this plan.

**COVERAGE FOR ORTHODONTIC SERVICES**

Groups with 20 or more enrolled subscribers may elect Ortho benefits.

**BENEFIT WAITING PERIOD**

Voluntary groups with prior dental coverage may apply for a waiver of the Benefit Waiting Period for the employees who were covered under the Group's prior dental plan. Proof of prior coverage and those enrolled will be requested.

**PCS**

When optional Preventive Care Security (PCS) is included, the benefits paid for Diagnostic and Preventive Services never reduce the Annual Plan Maximum. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

**RATES FOR SPECIFIED INDUSTRIES**

The rates shown on this rate sheet are only applicable when the group's industry falls into one of the Specified Industry categories shown below:

Medical Professions; Law Firms; Car Dealerships; Banks; Credit Unions; Mortgage Companies; Management or Financial Consultants; Engineers and Architects; Accounting Firms; Schools and Universities; Marketing or Market Research Firms; Advertising Agencies/Firms; Computer and Internet businesses; Scientists; and Insurance Firms/Agencies without in-force Delta Dental business.

Please refer to the Table of Contents for the appropriate Voluntary rate illustration page when Specified Industry rates do not apply.

**UNDERWRITING / COVERAGE APPROVAL**

All groups are subject to published Delta Dental of New Mexico Underwriting Guidelines. Coverage may not be bound and is not in effect until approved by Delta Dental of New Mexico. Notification of termination to a prior carrier should not be made until Delta Dental approval has been confirmed with the assignment of a group number. Underwriting requirements for Voluntary groups include but are not limited to:

- a minimum group size of 10 employees
- a Participation Requirement of 35% of the total number of employees applies.
- an employer sponsored Section 125 plan through which employee contributions are collected by the employer.

## SGP EMPLOYER APPLICATION AND ELIGIBILITY STATEMENT

### SECTION I: GROUP IDENTIFICATION

Employer (Group) name \_\_\_\_\_

Employer's industry (describe) \_\_\_\_\_ NAIC# \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Requested coverage effective date: First day of \_\_\_\_\_, 20\_\_\_\_ Company headquartered in NM?  Y  N  
Term \_\_\_\_\_

Has this Group been previously covered by Delta Dental?  Yes  No If yes, prior group number \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Group contact \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing contact, if different \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing e-mail address for electronic statement notification \_\_\_\_\_

Automatic Draft Option for future premium payments  Yes  No If Yes, please attach completed Auto Clearing House Authorization Form

**BMT Security Administrator** (responsible for assigning security to other users within the Group, if multiple BMT users are required)

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### SECTION II: BENEFITS / NETWORK

	Single Network Plan	<b>OR</b>	Point of Service Plan
<b>Plan design:</b>	<input type="checkbox"/> Plan IA <input type="checkbox"/> Plan I <input type="checkbox"/> Plan II		<input type="checkbox"/> Plan III A <input type="checkbox"/> Plan III B
<b>Provider Network:</b>	<input type="checkbox"/> Delta Dental Premier® <input type="checkbox"/> Delta Dental PPO <sup>SM</sup>		All Point of Services (POS) plans combined Delta Dental PPO and Delta Dental Premier as in network options.
<b>Preventive Care Security Option:</b> <i>(Diagnostic and Preventive Services never count against the Annual Maximum)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Plan Maximums Options:</b> <i>(N/A to Plan III POS A or B) Refer to the Underwriting Guidelines for group size and other requirement related to Plan Maximums.</i>	<input type="checkbox"/> \$1,000		<input type="checkbox"/> \$1,500 (10+ enrolled) <input type="checkbox"/> \$2,000 (10+ enrolled)
<b>Orthodontic Services</b> (may select if 20 or more employees enrolling or if 10 or more enrolling and group has prior Ortho):	<input type="checkbox"/> Child only <input type="checkbox"/> Child and adult		

Does the group currently have a dental plan?  Yes  No Carrier \_\_\_\_\_

#### Premiums / Rating Tier Selected

Indicate below the monthly premiums for the plan selected. (Rates shown should include options and rating adjustment(s) for no prior dental or Specified Industry, if applicable. If questions, refer to the Delta Dental SGP Underwriting Guide for more information.)

	3-TIER RATES		4-TIER RATES		ENROLLMENT	TOTAL
Employee Only	\$ _____		\$ _____	<b>X</b>	_____	\$ _____
Employee + 1	\$ _____	<b>OR</b>	\$ _____	<b>X</b>	_____	+ \$ _____
Employee + Family	\$ _____		\$ _____	<b>X</b>	_____	+ \$ _____
			\$ _____	<b>X</b>	_____	+ \$ _____
			<b>Groups first month deposit check will be in the amount of:</b>			= \$ _____

### SECTION III: ENROLLMENT/ELIGIBILITY/BILLING

A reasonable number of billing subgroup numbers, which distinguish classes of employees (by department, location, etc.) on the monthly billing statements, are available subject to underwriting approval. If Group is subject to COBRA, a subgroup will automatically be assigned.

Is Group subject to COBRA?  Yes  No

Subgroup(s) requested?  Yes  No If "Yes," please request and complete a Subgroup Information Page Addendum for this application.

2500 Louisiana Blvd NE Suite 600, Albuquerque, NM 87110 (505) 883-4777 or toll free (800) 999-0963 [www.deltadentalnm.com](http://www.deltadentalnm.com)

Full time employees are considered eligible to enroll if they work \_\_\_\_\_ hours per week.  
Seasonal, temporary, and part time employees not meeting the hourly requirement shown above will not be eligible for coverage.

The Eligibility Waiting Period is *first of the month* following \_\_\_\_\_ days OR \_\_\_\_\_ months of employment. \*(Please Note: Date of hire is NOT an option for the eligibility waiting period).

Does the waiting period apply for all classes of employees?  Yes  No – If No, please explain on the lines provided below:

Coverage for Domestic Partners  Yes  No If "Yes," please submit a copy of the group's Domestic Partner Policy. Coverage for Domestic Partners must be approved by Delta Dental prior to the effective date of the plan.

Age 26 Enhanced Dependent Eligibility Option (no additional cost)  Yes  No

Dental plans are not subject to this age 26 requirement as they do not fall under the PPACA definition of "Essential Benefits." However should the group elect the enhance eligibility definition children from birth through the end of the month of their 26th birthday, regardless of employment, marital, student or dependent status, or the child's eligibility for other coverage.

By selecting "Yes" above, Group agrees with the following statements:

1. Dental plans are not subject to the PPACA expanded definition of eligibility for children.
2. This enhanced eligibility definition is optional. Delta Dental is not requiring or recommending a change from standard dependent definition.
3. Because this expanded dental plan definition is not mandated by law, there is the potential for some tax or other implications. The Group acknowledges the importance of receiving independent legal/tax counsel relative to the impact an eligibility change.

Pediatric Dental Essential Health Benefit Option (will require rating adjustment)

Delta Dental now offers the Pediatric Dental Essential Health Benefit. Please contact your Broker or Sales Representative for more information.

### Census

A. TOTAL number of employees (full time, part time, seasonal, etc.)	_____
B. Ineligible employees	
(i) Part time, seasonal or temporary (ineligible)	_____
(ii) In probationary period (have not met Employer's Eligibility Waiting Period)	+ _____
C. Total number of ineligible employees	= _____
D. Eligible employees (A minus C)	_____
E. Number of employees enrolling with Delta Dental (must be at least 50% of Line D)	_____
F. Eligible employees not enrolling with Delta Dental due to other dental coverage (waivers required). E plus F must be at least 75% eligible employees (D).	_____
G. Employees not enrolling with Delta Dental (waivers required).	_____
Total E+F+G (should match total number of eligible employees shown D)	_____

### SECTION IV: EMPLOYER SIGNATURE AND ACKNOWLEDGMENT

The premium contribution made by the Employer (Group) toward the cost of each employee's coverage in this dental plan will be: \_\_\_\_\_ % of the Employee Only premiums shown above and \_\_\_\_\_ % of the cost of any dependent coverage they may elect.

I understand that coverage cannot be bound by my agent; that my prior dental plan, if any, should not be terminated until coverage is approved by Delta Dental; and that coverage is subject to the Delta Dental Underwriting Guidelines, a copy of which is available to me upon request. I acknowledge that this Group Application will be the basis of any group contract written by Delta Dental for my group and believe that all information provided herein is accurate to the best of my knowledge.

Typed/printed name of Group Officer \_\_\_\_\_ Title \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Authorized Signature (Group Officer) \_\_\_\_\_

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### SECTION V: AGENT DATA, SIGNATURE AND ACKNOWLEDGMENT

Individual Agent Name \_\_\_\_\_ Agency Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Agent Initials

The information provided by the employer on this Group Application is accurate to the best of my knowledge and I believe this group meets the requirements stated in the Delta Dental Underwriting Guide, a copy of which has been provided to me.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Agent Signature \_\_\_\_\_

## SGP EMPLOYER APPLICATION AND ELIGIBILITY STATEMENT

### SECTION I: GROUP IDENTIFICATION

Employer (Group) name \_\_\_\_\_

Employer's industry (describe) \_\_\_\_\_ NAIC# \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Requested coverage effective date: First day of \_\_\_\_\_, 20\_\_\_\_ Company headquartered in NM?  Y  N  
Term \_\_\_\_\_

Has this Group been previously covered by Delta Dental?  Yes  No If yes, prior group number \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Group contact \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing contact, if different \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing e-mail address for electronic statement notification \_\_\_\_\_

Automatic Draft Option for future premium payments  Yes  No If Yes, please attach completed Auto Clearing House Authorization Form

**BMT Security Administrator** (responsible for assigning security to other users within the Group, if multiple BMT users are required)

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### SECTION II: BENEFITS / NETWORK

		Single Network Plan	
<b>Plan design:</b>	<input type="checkbox"/> Plan IA <i>(Delta Dental PPO Only)</i>	<input type="checkbox"/> Plan I	
<b>Provider Network:</b>	<input type="checkbox"/> Delta Dental PPO <sup>SM</sup>	<input type="checkbox"/> Delta Dental Premier <sup>®</sup> <i>(Only available in a Plan I design.)</i>	
<b>Preventive Care Security Option:</b> <i>(Diagnostic and Preventive Services never count against the Annual Maximum)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Plan Maximums Options:</b> <i>Annual Plan Maximums and Lifetime Orthodontic Maximums in excess of \$1,000 are not available under Voluntary Plans.</i>	<input type="checkbox"/> \$1,000		
<b>Orthodontic Services</b> (may select if 20 or more employees enrolling):	<input type="checkbox"/> Child only		<input type="checkbox"/> Child & Adult

Does the group currently have a dental plan?  Yes  No Carrier \_\_\_\_\_

A twelve (12) month Benefit Waiting Period will apply to some major services for all initial enrollees not covered under the Group's prior plan, and to all future enrollees. Proof of prior comparable coverage, including a billing for the month immediately prior to the Delta Dental requested effective date, is required for any Benefit Waiting Period credits.

#### Premiums / Rating Tier Selected

Indicate below the monthly premiums for the plan selected. (Rates shown should include options and rating adjustment(s) for no prior dental or Specified Industry, if applicable. If questions, refer to the Delta Dental SGP Underwriting Guide for more information.)

	3-TIER RATES		4-TIER RATES		ENROLLMENT		TOTAL
Employee Only	\$ _____		\$ _____	X	_____		\$ _____
Employee + 1	\$ _____	OR	\$ _____	X	_____		+ \$ _____
Employee + Family	\$ _____		\$ _____	X	_____		+ \$ _____
			\$ _____	X	_____		+ \$ _____
							= \$ _____

Groups first month deposit check will be in the amount of: \_\_\_\_\_

### SECTION III: ENROLLMENT/ELIGIBILITY/BILLING

A reasonable number of billing subgroup numbers, which distinguish classes of employees (by department, location, etc.) on the monthly billing statements, are available subject to underwriting approval. If Group is subject to COBRA, a subgroup will automatically be assigned.

Is Group subject to COBRA?  Yes  No

2500 Louisiana Blvd NE Suite 600, Albuquerque, NM 87110 (505) 883-4777 or toll free (800) 999-0963 www.deltadentalnm.com

Subgroup(s) requested?  Yes  No If "Yes," please request and complete a Subgroup Information Page Addendum for this application.

Full time employees are considered eligible to enroll if they work \_\_\_\_\_ hours per week.  
Seasonal, temporary, and part time employees not meeting the hourly requirement shown above will not be eligible for coverage.

The Eligibility Waiting Period is *first of the month* following \_\_\_\_\_ days OR \_\_\_\_\_ months of employment. \*(Please Note: Date of hire is NOT an option for the eligibility waiting period).

Does the waiting period apply for all classes of employees?  Yes  No – If No, please explain on the lines provided below:

Coverage for Domestic Partners  Yes  No If "Yes," please submit a copy of the group's Domestic Partner Policy. Coverage for Domestic Partners must be approved by Delta Dental prior to the effective date of the plan.

Age 26 Enhanced Dependent Eligibility Option (no additional cost)  Yes  No

Dental plans are not subject to this age 26 requirement as they do not fall under the PPACA definition of "Essential Benefits." However should the group elect the enhance eligibility definition children from birth through the end of the month of their 26th birthday, regardless of employment, marital, student or dependent status, or the child's eligibility for other coverage.

By selecting "Yes" above, Group agrees with the following statements:

1. Dental plans are not subject to the PPACA expanded definition of eligibility for children.
2. This enhanced eligibility definition is optional. Delta Dental is not requiring or recommending a change from standard dependent definition.
3. Because this expanded dental plan definition is not mandated by law, there is the potential for some tax or other implications. The Group acknowledges the importance of receiving independent legal/tax counsel relative to the impact an eligibility change.

Pediatric Dental Essential Health Benefit Option (will require rating adjustment)

Delta Dental now offers the Pediatric Dental Essential Health Benefit. Please contact your Broker or Sales Representative for more information.

### Census

A.	TOTAL number of employees (full time, part time, seasonal, etc.)		_____
B.	Ineligible employees		
	(i) Part time, seasonal or temporary (ineligible)		_____
	(ii) In probationary period (have not met Employer's Eligibility Waiting Period)	+	_____
C.	Total number of ineligible employees	=	_____
D.	Eligible employees (A minus C)		_____
E.	Number of employees enrolling with Delta Dental		_____
	<i>Note: must be at least 35% of total number of employees</i>		_____
F.	Employees not enrolling for other reason (waivers required).		_____
	Total E+F (should match total number of eligible employees shown D)		_____

### SECTION IV: EMPLOYER SIGNATURE AND ACKNOWLEDGMENT

By signing this application, I confirm that all Voluntary Premiums paid by employees will be collected under our group's IRS-qualified Section 125 Plan.

I understand that coverage cannot be bound by my agent; that my prior dental plan, if any, should not be terminated until coverage is approved by Delta Dental; and that coverage is subject to the Delta Dental Underwriting Guidelines, a copy of which is available to me upon request. I acknowledge that this Group Application will be the basis of any group contract written by Delta Dental for my group and believe that all information provided herein is accurate to the best of my knowledge.

Typed/printed name of Group Officer \_\_\_\_\_ Title \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Authorized Signature (Group Officer) \_\_\_\_\_

*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.*

### SECTION V: AGENT DATA, SIGNATURE AND ACKNOWLEDGMENT

Individual Agent Name \_\_\_\_\_ Agency Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Agent Initials

The information provided by the employer on this Group Application is accurate to the best of my knowledge and I believe this group meets the requirements stated in the Delta Dental Underwriting Guide, a copy of which has been provided to me.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Agent Signature \_\_\_\_\_



## EMPLOYER SUBGROUP INFORMATION PAGE AND APPLICATION ADDENDUM

- This addendum is hereby made a part of the Employer Application applicable to the employer indicated below, for a billing subgroup to be effective per the group's requested coverage effective date as of the first day of \_\_\_\_\_, 20\_\_\_\_\_.
- This addendum is hereby made a part of the Employer Application applicable to the employer indicated below, for the addition of a billing subgroup(s) to the group's in-force Delta Dental of New Mexico group, # \_\_\_\_\_ for an effective date as of the first day of \_\_\_\_\_, 20\_\_\_\_\_.

Employer (Group) name \_\_\_\_\_  
Group number \_\_\_\_\_

### SUBGROUP #0002

Subgroup name \_\_\_\_\_  
Subgroup number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Tax ID# \_\_\_\_\_

Subgroup contact \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing address (if different from employer's primary billing address) \_\_\_\_\_

### SUBGROUP #0003

Subgroup name \_\_\_\_\_  
Subgroup number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Tax ID# \_\_\_\_\_

Subgroup contact \_\_\_\_\_ Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing address (if different from employer's primary billing address) \_\_\_\_\_

Billing subgroups are available for groups with 25+ enrollees and subject to approval by Delta Dental of New Mexico. Please use an additional Subgroup Information Page and Application Addendum if more than two subgroups are being requested.

### EMPLOYER SIGNATURE AND ACKNOWLEDGMENT

I understand that subgroups are approved for billing convenience only; that the approval of a subgroup(s) does not create a different premium due date(s) for any subgroup(s) under my primary group number; and that coverage for my entire group will be terminated for non-payment if premium payment for any individual subgroup is not made on a timely basis.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Authorized Signature (Group) \_\_\_\_\_ Title \_\_\_\_\_

*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.*



# Dental Benefits Enrollment/Coverage Status Form

## PART A – Employee/Employer Information

Employee name (last, first, middle initial) <i>Doe, John A.</i>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Married? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number <i>123-456789</i>	Date of Birth <i>07/11/1967</i>
Name of Employer <i>ABC Company</i>	Employee's Work Site Location/Branch <i>123 Division, Albuquerque</i>		Date of Hire ___/___/___	
Employee Position/Title <i>Manager</i>	Do you have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Check here if new address
Home mailing address (including City, State, ZIP Code) <i>123 Street Ave. Albuquerque, NM 87110</i>				

## PART B – Enrollment or Other Action Required

<input checked="" type="checkbox"/> <b>Enroll in Dental Plan</b> Enrollee Category <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA Network Selection, if applicable to your plan _____	<input type="checkbox"/> <b>Waive Coverage—Please complete and sign Part F</b>	<input type="checkbox"/> <b>Cancel Employee Coverage</b> (also cancels dependent coverage, if applicable) <input type="checkbox"/> <b>Add Dependents</b> (list new dependents to be covered in Part C) <input type="checkbox"/> <b>Cancel Dependent Coverage</b> <input type="checkbox"/> On all dependents currently enrolled <input checked="" type="checkbox"/> On dependent(s) listed here:
Coverage Effective/Change/Coverage Termination Date <i>03 01 2007</i> , Reason for Action (at least one box must be checked; check all that apply):		
<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Initial or Open Enrollment <input type="checkbox"/> Marriage Date: _____ <input type="checkbox"/> Divorce Date: _____	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption Date: _____ <input type="checkbox"/> Termination of Employment Date: _____ <input type="checkbox"/> Loss of Eligibility due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Age <input type="checkbox"/> Other _____	<input type="checkbox"/> Death Date: _____ <input type="checkbox"/> Change of Address <input type="checkbox"/> Other _____

## PART C – Dependent Information – For Dependents to be Enrolled (For additional dependents, use a separate sheet and attach.)

Dependent to be enrolled (last, first, middle initial) <i>Doe, Jane B.</i>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Social Security Number <i>234-56-7891</i>	Date of Birth <i>08/29/1969</i>
Relationship <i>Spouse</i>	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____
Dependent to be enrolled (last, first, middle initial) <i>Doe, Johnny C.</i>	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security Number <i>345-67-8912</i>	Date of Birth <i>03/15/1993</i>
Relationship <i>Son</i>	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____
Dependent to be enrolled (last, first, middle initial) <i>Doe, Janey D.</i>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Social Security Number <i>456-78-9123</i>	Date of Birth <i>10/20/1995</i>
Relationship <i>Daughter</i>	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____
Dependent to be enrolled (last, first, middle initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number - - - - -	Date of Birth ___/___/___
Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of other plan, if applicable: _____

## PART D – Signature for Enrollment and Change of Status

If enrolled, I agree to make the required contribution as stated in the group contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

Signature *John A. Doe* Date *4/1/2007*

## PART E – For Delta Dental Use Only

Group Number \_\_\_\_\_ Effective Date of Enrollment and/or Change \_\_\_\_\_ Termination Date \_\_\_\_\_

## Waiver of Coverage—Sign here only if you are waiving Delta Dental coverage.

I hereby decline coverage because:  I have other dental coverage. If other coverage, who is your current carrier? \_\_\_\_\_  
 Other Reason for Waiver: \_\_\_\_\_

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental plan.  
**Please check with your group administrator to see if your plan allows for a future open enrollment period.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Dental Benefits Enrollment/Coverage Status Form

## PART A – Employee/Employer Information

Employee name <i>(last, first, middle initial)</i> Doe, John A.	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Married? <input type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number 123.45.6789	Date of Birth 07/11/1967
Name of Employer ABC Company	Employee's Work Site Location/Branch 123 Division, Albuquerque		Date of Hire 01/01/2007	
Employee Position/Title Manager	Do you have other dental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of other plan, if applicable: _____	
Home mailing address <i>(including City, State, ZIP Code)</i> 123 Street Ave. Albuquerque, NM 87110				<input type="checkbox"/> Check here if new address

## PART B – Enrollment or Other Action Required

<input type="checkbox"/> <b>Enroll in Dental Plan</b> Enrollee Category <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA Network Selection, if applicable to your plan _____	<input type="checkbox"/> <b>Waive Coverage—Please complete and sign Part F</b>	<input checked="" type="checkbox"/> <b>Cancel Employee Coverage</b> (also cancels dependent coverage, if applicable) <input type="checkbox"/> <b>Add Dependents</b> (list new dependents to be covered in Part C) _____
Coverage Effective/Change/Coverage Termination Date <u>07/01/2007</u>		
Reason for Action <i>(at least one box must be checked; check all that apply):</i> <input type="checkbox"/> New Hire <input type="checkbox"/> Initial or Open Enrollment <input type="checkbox"/> Marriage Date: _____ <input type="checkbox"/> Divorce Date: _____ <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Adoption Date: <u>6/28/2007</u> <input checked="" type="checkbox"/> Termination of Employment Date: _____ <input type="checkbox"/> Loss of Eligibility due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Age <input type="checkbox"/> Other _____ <input type="checkbox"/> Death Date: _____ <input type="checkbox"/> Change of Address <input type="checkbox"/> Other _____		

## PART C – Dependent Information – For Dependents to be Enrolled *(For additional dependents, use a separate sheet and attach.)*

Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____-_____-_____	Date of Birth ____/____/____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____-_____-_____	Date of Birth ____/____/____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____-_____-_____	Date of Birth ____/____/____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____-_____-_____	Date of Birth ____/____/____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____

## PART D – Signature for Enrollment and Change of Status

If enrolled, I agree to make the required contribution as stated in the group contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

Signature Group Administrator Date 7/1/07

## PART E – For Delta Dental Use Only

Group Number \_\_\_\_\_ Effective Date of Enrollment and/or Change \_\_\_\_\_ Termination Date \_\_\_\_\_

## Waiver of Coverage—Sign here only if you are waiving Delta Dental coverage.

I hereby decline coverage because:  I have other dental coverage. If other coverage, who is your current carrier? \_\_\_\_\_  
 Other Reason for Waiver: \_\_\_\_\_

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental plan.  
**Please check with your group administrator to see if your plan allows for a future open enrollment period.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Dental Benefits Enrollment/Coverage Status Form

## PART A – Employee/Employer Information

Employee name <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Married? <input type="checkbox"/> Y <input type="checkbox"/> N	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / ____
Name of Employer	Employee's Work Site Location/Branch		Date of Hire ____ / ____ / ____	
Employee Position/Title	Do you have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of other plan, if applicable: _____	
Home mailing address <i>(including City, State, ZIP Code)</i>				<input type="checkbox"/> Check here if new address

## PART B – Enrollment or Other Action Required

<input type="checkbox"/> <b>Enroll in Dental Plan</b> <u>Enrollee Category</u> <input type="checkbox"/> Active Employee <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA Network Selection, if applicable to your plan _____	<input type="checkbox"/> <b>Waive Coverage—Please complete and sign Part F</b>	<input type="checkbox"/> <b>Cancel Employee Coverage</b> (also cancels dependent coverage, if applicable) <input type="checkbox"/> <b>Add Dependents</b> (list new dependents to be covered in Part C) <input type="checkbox"/> <b>Cancel Dependent Coverage</b> <input type="checkbox"/> On all dependents currently enrolled <input type="checkbox"/> On dependent(s) listed here: _____
<b>Coverage Effective/Change/Coverage Termination Date</b> _____, <b>Reason for Action</b> <i>(at least one box must be checked; check all that apply):</i> <input type="checkbox"/> New Hire <input type="checkbox"/> Initial or Open Enrollment <input type="checkbox"/> Marriage Date: _____ <input type="checkbox"/> Divorce Date: _____ <input type="checkbox"/> Birth <input type="checkbox"/> Adoption Date: _____ <input type="checkbox"/> Termination of Employment Date: _____ <input type="checkbox"/> Loss of Eligibility due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Age <input type="checkbox"/> Other _____ <input type="checkbox"/> Death Date: _____ <input type="checkbox"/> Change of Address <input type="checkbox"/> Other _____		

## PART C – Dependent Information – For Dependents to be Enrolled *(For additional dependents, use a separate sheet and attach.)*

Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / ____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / ____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / ____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____
Dependent to be enrolled <i>(last, first, middle initial)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - _____	Date of Birth ____ / ____ / ____
	Relationship	Does he/she have other dental benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of other plan, if applicable: _____

## PART D – Signature for Enrollment and Change of Status

If enrolled, I agree to make the required contribution as stated in the group contract and to repay promptly any benefit payments to which I or my dependents were not entitled. I certify that the information contained in this form is true and correct to the best of my knowledge. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART E – For Delta Dental Use Only

Group Number \_\_\_\_\_ Effective Date of Enrollment and/or Change \_\_\_\_\_ Termination Date \_\_\_\_\_

## Waiver of Coverage—Sign here only if you are waiving Delta Dental coverage.

I hereby decline coverage because:  I have other dental coverage. If other coverage, who is your current carrier? \_\_\_\_\_  
 Other Reason for Waiver: \_\_\_\_\_

I understand that future enrollment of myself or my dependent(s) is subject to the eligibility requirements of my employer's dental plan.  
**Please check with your group administrator to see if your plan allows for a future open enrollment period.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## DELTA DENTAL OF NEW MEXICO

### PRODUCER ONLINE TOOLKIT

#### Introduction

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Producer Online Toolkit is a web-based rating application which enables brokers to quickly and easily prepare accurate and professional proposals for groups considering a Delta Dental Small Group Pool (SGP) dental plan (for groups with <100 eligible, <200 eligible for voluntary). The Toolkit can be accessed in the Brokers section of [www.deltadentalnm.com](http://www.deltadentalnm.com). If you have not already registered, you'll be asked to select a username and password.

In the Brokers section of the site you'll find forms and other documents along with the Producer Toolkit. Once there, select "Get Rates." After that, follow the user-friendly steps to produce a presentation-ready proposal, which can be completed in less than a minute.

#### Large Group Proposals

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Producer Toolkit is not designed to prepare proposals for large groups due to size. Larger employer groups are rated based on different commission schedules and other criteria, including claims experience from the prior dental plan. For more information on the information needed to request a quote on a larger employer, please refer to the Additional Information for Brokers section of this Guide.

#### Producing Small Group Pool Proposals for Groups New to Delta Dental

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All Producer Toolkit quotes are prepared assuming a first-of-month effective date. New business SGP rates do not change, except annually, so there is no need to update a proposal (within the same calendar year) if the proposed effective date changes.

Both three- and four-tier rates are available so that you may select the rating structure that best fits your client's needs. Rates with Preventive Care Security (PCS) will be shown as an option on all plans. With PCS, benefits paid for Diagnostic and Preventive Care Services never reduce the annual plan maximum.

Brokers are also able to generate a quote that includes pediatric dental Essential Health Benefit (EHB) options. For more information on Essential Health Benefits, please visit our website at [www.deltadentalnm.com/Groups/Affordable-Care-Act-FAQs](http://www.deltadentalnm.com/Groups/Affordable-Care-Act-FAQs).

Coverage for new groups is subject to the guidelines shown in the current version of SGP Underwriting Guidelines and to underwriting approval. In addition to any participation and/or industry considerations, minimum group sizes apply to all plans and/or options. A client's existing dental coverage, if any, should not be terminated until a group number, indicating coverage approval, has been assigned by Delta Dental of New Mexico. SGP Underwriting Guidelines are available in this Resource Guide.

A sample Summary of Dental Plan Benefits will automatically be included for the plan type(s) you select as part of your proposal. Summaries of Dental Plan Benefits do not contain plan provisions, limitations, and exclusions. For complete coverage information, please refer to the Delta Dental standard Dental Benefit Handbook.

## **Pricing Renewal Options for Groups in the Small Group Pool**

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SGP clients may select different coverage options in conjunction with their group plan anniversary dates. To price options, please contact Sales and Account Management at 505-872-5326.

Plan changes on an existing group are subject to the guidelines shown in the current version of SGP Underwriting Guidelines and to underwriting approval. Please note that minimum group sizes apply to all plans and/or options. Request for a long or short contract period will be considered on a case-by-case basis.

The rate page includes the client authorization that will be required to implement the proposed benefit change. The signed renewal rate page should be received by Delta Dental by the 15th of the month prior to the requested effective date.

## **Provider Directories to Accompany Proposals**

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Provider networks are an important consideration in any benefit decision. Network-specific New Mexico directories are available on the website, [www.deltadentalnm.com](http://www.deltadentalnm.com), in addition to helpful search tools that can be used to produce provider information based on multiple types of criteria. Provider information is routinely updated by Delta Dental but hard copy directories will be accurate only as of the date printed.

The Delta Dental PPO directory includes Delta Dental Premier Providers to help members distinguish between the networks and better understand the participation status of their own dentists.

## **Website Storage of Proposals**

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You may print completed proposals, save copies of them to your computer, or refer back to the Producer Toolkit when future access is needed. For your convenience, proposals you prepare are automatically saved and easily retrieved with the same login ID you used to access the Toolkit.

## **Need Help?**

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Every effort has been made to make the Producer Toolkit self-explanatory, but please call and ask for our Sales Department if you have any questions.





## ADDITIONAL INFORMATION FOR BROKERS

### New Group Submission Requirements

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For consideration of first-of-month effective dates, new business applications should be received by Delta Dental before the 25th of the month prior to the requested effective date. Please submit the following:

1. Completed enrollment forms for all employees who are enrolling;
2. Enrollment forms with completed waiver sections for all employees declining enrollment;
3. Completed Group application signed by an officer of the company and the agent;
4. First month's premium check made payable to Delta Dental; and
5. A coverage summary and a copy of the billing from the previous dental carrier (if applicable) for the month immediately preceding the requested effective date. As an example, if coverage is being requested for a September 1st effective date, the September billing showing August premium credit should be included.

Additional documentation may be requested on a case-by-case basis. Underwriting guidelines for the Small Group Pool are available from Delta Dental (in another section of this Guide). Underwriting requirements for large groups may vary based on the criteria assumed for the proposal.

Brokers may not bind coverage, which is not in effect until approved by Delta Dental. The notice of cancellation should not be sent to the prior carrier, if applicable, until a Delta Dental group number has been assigned.

### Large Group Quotes – Over 100 Eligible for Non-Voluntary and Over 200 Eligible for Voluntary

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The rates provided in this Guide only apply to cases which are eligible for the Small Group Pool. Larger employer Groups are rated based on different commission schedules and other criteria, including claims experience from the prior dental plan.

To request a quote on a large group, please contact us. A sample of the necessary information needed to provide a quote is included below. Additional information may be requested.

1. Client's name and address, and a description of the type of business;
2. Information on the total number of eligible employees vs. those in other categories (part time, seasonal, etc.) and a census indicating which employees need dependent coverage by category of dependents (spouse only, spouse and children, etc.);
3. An indication of which, if any, employees are located in a different state;
4. The percentage of premium (employee and dependent) that will be contributed by the employer;
5. The desired coverage effective date;
6. A copy of the Group's current benefits and/or the benefit design requested;
7. A copy of the Group's current rates and the renewal rates, if available, from the in-force carrier;

8. Claims experience from the in-force dental insurance plan (12 months past claims and enrollment information).

## Commission Schedules

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Published rates for Delta Dental of New Mexico Small Group Pool plans include a 10% level commission.

SGP plans may be written net of commissions should a broker wish to eliminate them due to other arrangements with the group/client. To determine “net” premiums for SGP plans, multiply the rates available in this Guide by a factor of .90.

For larger Groups, the following standard schedule applies. The number of employees indicated refers to the number enrolled as of the contract effective date or the date on which the renewal premiums were calculated. Commission percentages apply to monthly premiums collected.

<u># EMPLOYEES</u>	<u>COMMISSION %</u>
1 to 50	10.00
51 to 100	8.07
101 to 150	6.24
151 to 200	5.27
201 to 250	4.65
251 to 300	4.20
301 to 350	3.87
351 to 400	3.60
401 to 450	3.38
451 to 500	3.20
501 to 550	3.04
551 to 600	2.91
601 to 650	2.79
651 to 700	2.68
701 to 750	2.59
751 to 800	2.50
801 to 850	2.43
851 to 900	2.36
901 to 950	2.29
951 to 1000	2.23
1001 to 1100	2.15
1101 to 1200	2.05
1201 to 1300	1.97
1301 to 1400	1.90
1401 to 1500	1.83
1501 to 1600	1.77
1601 to 1700	1.71
1701 to 1800	1.66
1801 to 1900	1.62
1901 to 2000	1.58
2001 or more	1.53

Alternate schedules, including level commissions, are available but subject to approval by Delta Dental prior to rating. Large group (non-SGP) plans may also be written net of commissions.

## **Group Plan Administration Guide**

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Delta Dental of New Mexico publishes a Group Plan Administration Guide to give employers a quick reference for assistance with day-to-day dental plan administration. This Guide is available for viewing and/or copying in the Group section of [www.deltadentalnm.com](http://www.deltadentalnm.com).

The Guide covers topics such as how employers access their dental plan billings, when benefit changes can be made, limitations relative to retroactive premium credits, and many other important topics.

## **Delta Dental Logo Use**

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The Delta Dental logo is one of the proprietary branding elements owned by Delta Dental. Use of the logo by anyone other than Delta Dental requires written authorization and confirmation that the approved use will meet all graphic and other legally required standards.

Subject to those requirements, the logo is readily available to agents who desire to use it in their Yellow Pages or other advertising.

For assistance with logo use and/or the creation of co-branded materials, contact the Sales and Account Management Department at Delta Dental.